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EPIDEMIC OF MILD DYSENTERY-LIKE DISEASE IN CATTARAUGUS COUNTY, N. Y., SUMMER OF 1930[1]

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Mild gastrointestinal attacks were very prevalent in Cattaraugus County, N. Y., during the summer of 1930, both in the country and in many small villages. The widespread occurrence of such attacks throughout the county had been noted by the county health department in previous summers, but, since very few cases were attended by physicians, little was known of the actual incidence of the disease. In the course of morbidity and epidemiological studies being carried on in a rural section of the county by the United States Public Health Service with the cooperation of the Milbank Memorial Fund and the county health department, data were collected on the incidence of these attacks. Field assistants have visited over 1,300 families at regular intervals since the latter part of 1929, and their records indicate that from June 1 to October 31, 1930, gastrointestinal attacks were reported by about one-fourth of the families, and that one in seven persons had the disease.

Efforts of the county health department failed to trace the source or determine the type of infection. Whether or not similar outbreaks of an epidemic enteritis have occurred in other parts of New York State is not known. In practically all respects—the widespread distribution of cases, the mildness of attacks, their short duration, and the symptoms reported—the epidemic closely resembled outbreaks of an unidentified disease which have occurred from year to year in the Mountain States of the Northwest and which have been described by Spencer.[2]

No special epidemiological study was made of the gastrointestinal cases, and the general facts available relate to the symptoms of the attacks, their incidence according to month, sex, and age, and a few other factors. Although over 1,300 families are in the morbidity

[1] From the Office of Statistical Investigations, United States Public Health Service, and the Division of Research, Milbank Memorial Fund.

[2] Spencer, R. R.: An unusually mild recurring epidemic simulating food infection. Pub. Health Rep., Nov. 21, 1930, vol. 45, No. 47, p. 2867.

survey, this report is limited to two districts, which were canvassed in July or August and again in the autumn at a time favorable for obtaining a complete record. One of these districts is Ellicottville village, with a population of about 1,000; the other is a farming district adjoining the village and extending westward about 8 miles and with a population of 658, for which records were available. In the rural district practically all families were visited early in November, assuring a fairly complete reporting of cases; but for 30 families living on the main highway who were visited during September and not again for three or four months, the record of September and October attacks may be somewhat incomplete.[3] Village families were visited chiefly between September 29 and October 10, and the gastrointestinal attacks reported for October are probably an understatement.

TABLE 1.—*Chronological distribution of attacks of a gastrointestinal disease in a village and rural district in Cattaraugus County, June–October, 1930*

Month and 10-day period	Ellicottville village	Rural	Month and 10-day period	Ellicottville village	Rural
June 1–10	0	1	Oct. 11–20	0	0
June 11–20	3	1	Oct. 21–31	0	6
June 21–30	1	1			
July 1–10	9	0	Total by months: [2]		
July 11–20	4	6	June	4	5
July 21–31	2	4	July	15	11
Aug. 1–10	13	8	August	50	56
Aug. 11–20	8	39	September	71	17
Aug. 21–31	22	8	October	5	10
Sept. 1–10	24	4	Month unknown	3	1
Sept. 11–20	22	3			
Sept. 21–30	25	6	Total	148	100
Oct. 1–10	[1] 5	3			

[1] This is probably an understatement of cases, as the families were visited between October 1 and 15 and again only after 3 months, but 10 or 12 cases would seem a fair estimate for the month of October.
[2] Includes cases for which day of onset was not stated.

The chronological distribution of reported attacks is shown for each of these districts in Table 1. The outbreak in the rural district had a rather "explosive" peak in the middle of August, with over half of the total cases in five months reported in August; but in the village the epidemic was less explosive and the peak of the incidence was distributed over the latter part of August and the month of September. The October incidence in the village was undoubtedly less completely reported than in the earlier months, but the outbreak very evidently came to a rapid close. Over half of the families in the village were visited on October 6, or later, and there were only five October cases reported, of which two were secondary attacks in families reporting several September cases. In fact, the indications were that throughout the area in the morbidity study few cases occurred in October.

[3] Several studies have shown that mild illnesses of 1 to 3 days duration are forgotten and reporting becomes increasingly incomplete as the time interval between the attack and the report lengthens.

All attacks with gastrointestinal symptoms have been included except a very few isolated single cases which were reported as caused by eating "too many" green apples, corn, watermelons, etc. For most cases the symptoms reported were diarrhea, nausea, or vomiting with or without "upset" stomach (Table 2), but there are included also a number of attacks reported simply as "upset" stomach, as well as one or two cases each of intestinal indigestion, intestinal influenza, biliousness, and ptomaine poisoning. Occasionally these symptoms were accompanied by headache or fever or both. Although it has been impossible to select only those cases of uniform type, certainly the great majority were attacks of the same dysentery-like disease.

TABLE 2.—*Classification, by symptoms, of gastrointestinal attacks reported in Ellicottville village and in a rural township in the summer of 1930*

Symptoms	Ellicottville		Rural	
	Number	Per cent	Number	Per cent
Total cases	148	100.0	100	100.0
Diarrhea:	92	62.2	66	66.0
Without other symptoms	41	27.7	29	29.0
With nausea or vomiting	34	23.0	33	33.0
With upset stomach	17	11.5	4	4.0
Nausea and vomiting	20	13.5	23	23.0
Without other symptoms	12	8.1	16	16.0
With upset stomach	8	5.4	7	7.0
Upset stomach	30	20.3	9	9.0
Bilious attack, intestinal indigestion, ptomaine poisoning, etc.	6	4.1	2	2.0

The duration of the attack was 1 to 3 days in 75 per cent of the cases, and the severity was sufficient in only a few instances to confine the patient to bed. For only 13 of the 248 cases was it reported that symptoms persisted more than 7 days; but 6 persons said they had been affected "off and on" over periods of 6 weeks to 4 months. There were no deaths among these 248 cases.[4]

Cases were reported in all sections of both the village and the rural district. Though there were a few blocks in the village and some stretches of road in the country where no case was reported, the cases were well distributed throughout these two districts. Furthermore, the cases did not appear first in any one or two sections from which

[4] In the county as a whole deaths from diarrhea and enteritis, which have been very few in recent years were somewhat more numerous in 1930 than in 1929 or 1928. The deaths attributed to diarrhea and enteritis in recent years were as follows:

	1926	1927	1928	1929	1930
Under 2 years of age	12	8	5	3	6
2 years of age and over	7	12	4	6	9

the spread of the disease could be followed; instead, the June and July cases, as well as the later cases, occurred in widely scattered parts.

The reported incidence for the five months, June to October, inclusive, in the village was 15.6 per 100 persons, as compared with 15.2 in the rural district. Since few second attacks for the same individual were reported [5] (8 in the village and 5 in the rural district), the per cent of persons reporting cases was nearly the same as the attack rate. If the six individuals who said they had nausea and diarrhea "off and on" for six weeks or more were added to the 13 who reported specific second attacks, this would make 19 persons who had the disease more than once, or 8 per cent of the total number attacked.

Approximately one-fourth of the families in each district had at least one case during the summer months; 28.8 per cent of the village families reported a case, and 26.6 per cent of the families in the rural district. More than one case was reported for about one-half of the rural families attacked (51.1 per cent), and slightly less than half (43.5 per cent) of the village families. The attack rate in families in which at least one case of the disease occurred and, therefore, in families in which, presumably, the infection was present, if we may assume some infection as the cause, was 45.4 per 100 persons in village families and 49.3 in rural families.

When more than one case occurred in a family the onsets of the several cases were reported very frequently as the same day or at least within two or three days. Thus, in 14 multiple-case families in which the date of onset of all cases was stated, every case in the family gave the same date of attack. In many other instances several cases occurred on the same day and were followed shortly by other cases. Accurate dates for the onset of attacks obviously are difficult to obtain, especially if several weeks have elapsed, and there may have been a tendency to report the same date or say "at the same time" when actually there was a brief interval between cases. The interval between cases was given as 1 to 3 days most frequently, with only 2 cases after an interval of 4 days, 3 after 5, 5 after 7 days, and 5 after 8 to 11 days. In 17 families 1 or more cases occurred from 13 days to 10 weeks after earlier cases in the household, but it is possible that the earlier and later cases were not always attacks of the same disease. Because of the frequency with which multiple cases occurred in the family on the same day, a secondary household attack rate has not been computed.

[5] In the epidemic reported on by Spencer, second attacks were "frequent." Careful inquiry for second attacks in Cattaraugus County would perhaps have shown that some of the persons reporting cases of relatively long duration really had second attacks.

TABLE 3.—*Incidence of gastrointestinal attacks according to age in a village and a rural district of Cattaraugus County, Summer, 1930*

Age group	Cases per 100 persons		Population		Number of cases	
	Village	Rural	Village	Rural	Village	Rural
Total	15.6	15.2	947	658	148	100
Under 1	23.8	27.3	21	11	5	3
1 to 4	32.3	43.8	65	48	21	21
5 to 14	19.9	21.1	151	142	30	30
15 to 24	9.9	10.5	141	86	14	9
25 to 44	19.5	9.9	220	171	43	17
45 to 64	9.9	6.9	232	131	23	9
65+	9.3	17.5	107	63	10	11
Unknown			10	6	2	

The attack rate according to age groups is given in Table 3. Cases occurred among persons of all ages, but the attack rate was highest for young children. The infant rate may be too high, because it was not possible to separate attacks of infant diarrhea from cases of epidemic diarrhea, and five of the eight infant cases were in homes without other intestinal attacks. The highest incidence unquestionably was among children from 1 to 4 years of age, for whom the attack rate was 32 per 100 in the village and 44 in the country. The rate was relatively high also for children 5 to 14 years of age. Although children apparently were especially susceptible to this disease, many adults were attacked who had no familial contact with childhood cases, and the incidence among adults averaged 10 per 100 persons. The age curves for the rural district and for the village were essentially the same.

The incidence for each sex by age groups is shown in Table 4. For children under 5 years of age the attack rate was higher among males than among females, but for all adult ages the female rate was higher than the male. This difference in the adult rates by sex may reflect chiefly that the informants, usually the women, reported more completely on themselves than on their husbands.

TABLE 4.—*Incidence of gastrointestinal attacks according to age and sex in a part of Cattaraugus County, Summer, 1930*

Age group	Cases per 100 persons			Population			Number of cases		
	Both sexes	Males	Females	Both sexes	Males	Females	Both sexes	Males	Females
Total	15.5	14.1	16.8	1,605	814	791	248	115	133
Under 1	25.0	27.8	21.4	32	18	14	8	5	3
1 to 4	37.2	43.9	30.4	113	57	56	42	25	17
5 to 14	20.5	19.2	21.9	293	156	137	60	30	30
15 to 24	10.1	7.6	13.0	227	119	108	23	9	14
25 to 44	15.3	12.9	17.6	391	186	205	60	24	36
45 to 64	8.8	6.0	11.7	363	184	179	32	11	21
65+	12.4	11.5	13.3	170	87	83	21	10	11
Unknown				16	7	9	2	1	1

The occurrence of cases in families of different economic status is of interest because economic status probably is a fairly good index of differences in general environmental conditions, such as home sanitary conditions and general standard of living. Each of the families in the morbidity study had been given an economic rating by the field investigators based on their impressions after visiting the homes several times. The incidence of these intestinal attacks in families in the various economic classes is shown in Table 5. Because of the high incidence among children and the greater proportion of the population in younger ages in poor families, rates standardized for age are given. These show no significant differences in the attack rate for persons in the several economic classes.

TABLE 5.—*Incidence of gastrointestinal diseases according to economic status of families in a village and a rural district of Cattaraugus County, June–October, 1930*

Economic classification	Number of persons	Number of cases	Rate per 100 persons	Standardized rate [1]
All classes	1,605	248	15.5	
Comfortable	347	42	12.1	12.6
Moderate+	641	101	15.8	16.3
Moderate−	341	51	15.0	14.7
Poor or very poor	276	54	19.6	15.6

[1] To the age distribution of all classes.

A special sanitary survey of rural families was made during the summer of 1930, and this makes possible a tabulation of cases according to cleanliness and according to the presence of flies in the house. Although the visit at which this rating was made did not coincide with the occurrence of cases, the homes were visited about the middle of July or the last week in August. The per cent of households attacked showed no variation for families of different ratings (Table 6).

TABLE 6.—*Per cent of households in which one or more cases of a gastrointestinal disease occurred, according to cleanliness rating and presence of flies, in a rural district of Cattaraugus County, June–October, 1930*

Cleanliness				Flies			
Cleanliness rating [1]	Number of households	Households attacked	Per cent attacked	Flies in dwelling	Number of households	Households attacked	Per cent attacked
All classes	[2] 151	39	25.8	Any number	[2] 151	40	26.5
A	55	15	27.3	Few	93	23	24.7
B and C	74	18	24.3	Moderate	32	9	28.1
D and E	22	6	27.3	Abunda	26	8	30.8

[1] The person making the sanitary survey rated the homes from A for the cleanest to E for the dirtiest.
[2] There were 18 families without a cleanliness rating or statement on number of flies, but not in every case the same family.

Cleanliness and flies are factors which might be associated principally with the spread of the disease within the household and, therefore, Table 7 is presented in which the attack rate is given for persons in families in which at least one case occurred. Rates are shown for persons under 15 years of age and persons aged 15 or older living in households differing as to cleanliness and as to the number of flies. The number of persons in each class is too small to yield dependable attack rates, but there is a suggestion that the incidence among children was higher in homes that were not clean or where flies were noted than in homes classed as clean and with few flies. This association does not appear in the case of adults, and no definite conclusion as to the importance of dirt or flies seems justified.

TABLE 7.—*Incidence rate of gastrointestinal disease among persons in households reporting one or more attacks, according to cleanliness and flies, in homes in a rural district of Cattaraugus County, June–October, 1930*

Household rating	Number of persons in households reporting one or more cases		Number of cases in households attacked		Rate per 100 persons in households attacked	
	Under 15 years	15 years or older	Under 15 years	15 years or older	Under 15 years	15 years or older
	Cleanliness [1]					
All classes	72	109	51	33	70.8	34.9
A	14	43	8	19	57.1	44.2
B and C	35	50	24	15	68.6	30.0
D and E	23	16	19	4	82.6	25.0
	Flies					
Any number	75	112	53	40	70.7	35.7
Few	21	69	12	27	57.1	39.1
Moderate	23	19	18	8	78.3	42.1
Abundant	31	24	23	5	74.2	20.8

[1] The person making the sanitary survey rated the homes from A for the cleanest to E for the dirtiest.

The behavior of this outbreak of dysentery-like disease suggests that it is an infectious enteric disease, but the specific cause and the means of its spread remain undetermined. Water may be eliminated as the source of the disease. The rural families have individual wells or springs, many of which have been tested, and the infection of such a large number of wells and springs scattered over a considerable area would seem highly improbable. The village has a central water supply and the occurrence of cases over so long a period is contrary to the characteristic epidemic caused by a water-borne infection from a central supply.

The symptoms of the attacks and the sudden occurrence of several cases in the family within a very few days suggests a possible food infection. On the other hand, the wide distribution of families attacked and the occurrence of cases over several months make it extremely unlikely that there was any item of food which was eaten by all persons attacked.

The distribution of cases, and to some extent the symptoms, are suggestive of bacillary dysentery, but the mildness of attacks and the short duration of symptoms would differentiate these cases from the characteristic bacillary dysentery.

SOME ADMINISTRATIVE PROBLEMS OF SICK CALL IN PENAL INSTITUTIONS [1]

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"Sick call" originated as a military and naval term designating a summons for sick soldiers and sailors to report to the medical officer for treatment. It has been an accepted term in correctional institutions as being the dispensary medical service for the ambulant sick. Sick call is used, therefore, as a synonym for the out-patient service for a prison community in contradistinction to the in-patient, or hospital service.

A consideration of the problems confronting the administration of sick call concerns itself with a brief review of the material with which one must work, with the time for sick call, place, facilities, and the relationship of the out-patient service to the medical service as a whole and to the institutional functions in general.

It is, perhaps, significant that observations show that prisoners, as a rule, have a higher incidence of physical and mental disease than is found in a civilian population. Such a statement is more astounding when one appreciates that almost one-half of the admissions to prisons are under 30 years of age, an age period when disability and sickness rates are ordinarily low. Thus an adequately balanced medical service is even more essential in penal institutions than in a civilian group of like age.

Exclusive of venereal diseases, approximately one-third of the male admissions have definite physical conditions requiring medical and surgical treatment. Many of these physical disabilities materially interfere with the individual in making a satisfactory social and economic adjustment in his community, and tend to be contributory to delinquency.

From a survey of statistics compiled at the United States penitentiary at Leavenworth, Kans., many striking things are revealed.

[1] Read before the Sixty-first Annual Congress of the American Prison Association, held in Baltimore, Md., Oct. 18-23, 1931.

The venereal disease incidence among prisoners has wide variations. Thus the syphilis incidence is approximately 10 per cent among white men, 36 per cent among colored men, 5 per cent among Indians, and 29 per cent among Mexicans; active gonorrhea averages about 4 per cent among white men, 6 per cent among colored men, 5 per cent among Indians, and 10 per cent among the Mexicans.

In 742 white men out of 900 of all races and colors admitted between March 27, 1931, and August 16, 1931, 20 per cent were found to have superior intelligence and 24 per cent defective intelligence; the remaining 56 per cent fall in the group of average intelligence. There is, of course, a wide difference in the intelligence of men in various crime groups. Among prohibition law violators in a group of 742 white men only 11 per cent had superior intelligence, while 32 per cent were found to be defective in intelligence. In a small group of violators of the national banking laws, 71 per cent had superior intelligence and none defective intelligence. Among the mail fraud violators, 50 per cent were superior in intelligence and 3 per cent were found to be defective in intelligence. Many of those prisoners found defective in intelligence are really feeble-minded and require supervision of some kind, either communal or institutional, for the remainder of their lifetime. These extremes are found in far greater frequency in a prison population than in a civilian population. This situation may be a significant factor for consideration in the successful management and application of prison discipline.

Besides that group definitely feeble-minded, others are insane. Still others possess traits of character peculiar to the general rank and file of a prison population, and are classed as psychopathic types. These individuals become the problem cases of many institutions. They occur in varying proportions, in some instances constituting almost one-third of the admissions.

Many prisoners have been living by their wits alone, and comprise a conniving, scheming class who will adopt any method, regardless of consequence, to gain a brief respite from the general routine of labor. Among this group are those who consciously assume symptoms of disease to evade work. It takes all the ingenuity of the medical service to judge certain individuals correctly and to show that their alleged illness is not genuine.

There is also a varying proportion of inmates who unconsciously simulate disease, or who are inclined to derive no little satisfaction from taking medicine of one kind or another. These personalities magnify their aches and pains, reaping a certain satisfaction through attendance upon sick call, and are not peculiar to the prison population. Many patients at private or public dispensaries are of this psychoneurotic group; and it is beginning to be appreciated that they

require special handling. Many persons of this type sorely try the patience of the medical service.

The time for sick call is purely a matter of choice, and should be that best suited for the purposes of the institution as a whole. The matter of eliminating any unnecessary loss of time from prison occupation and yet procuring efficient and satisfactory medical service is essential. Naturally, sick call is meshed with the cog wheel of prison routine at a point where it may be most useful. Loss of time from work can not be excluded completely.

It is a known fact that efficient work will not be obtained from a physically handicapped prisoner; therefore it is essential that a certain amount of time be designated for the care and treatment of the prison population. In other words, the medical service reserves the privilege of demanding the necessary time adequately to maintain an efficient laboring class of men.

Loss of time might be well controlled in institutions of a lesser size, if passes were issued to the men requesting to appear on sick call by the foreman or superintendent of the department where they work. Upon this pass should appear the man's number, place of work, time he left work, and the time he left the clinic. In larger institutions one or two guards or keepers might well be assigned to that period designated for sick call, to march the men in groups from their places of work to the clinic, and return them to work as soon as they have received the necessary medical attention.

Assuming that the morning mess is usually completed in most institutions by 8 a. m., this undoubtedly would be the appropriate hour for maintaining the out-patient clinic. It would give the medical service sufficient time to become prepared to give efficient service to the sick. In an institution of 3,000 inmates, 225 visits may readily be handled in one hour and 15 minutes, thus allowing the remainder of the day for uninterrupted institutional labor on the part of the prison population and for the medical service to perform its in-patient duties.

The question of a suitable place for holding sick call is a question that must be solved by the institution itself. Obviously it is important that the dispensary and clinic be in close proximity to the hospital. In many institutions no suitable place has been set aside for the handling of sick call, but to date many of the newer hospitals have fortunately been provided with a clinic so arranged adequately to care for the out-patient service in the building itself.

A separate building, well lighted and well ventilated, isolated from the hospitalized patients, with a separate entrance and exit, is preferable. The arrangement of the dispensary should be such that a smooth-running clinic can be maintained. A dispensary with a station for the card file, doctor, prescription window, dressing or

treatment rooms, dental clinic, an eye, ear, nose, and throat clinic, and a clinic for venereal diseases, is undoubtedly ideal.

In order properly to maintain a smooth-running clinic, the problem of facilities arises. The facilities of a clinic in many instances, in years past, have been sadly wanting. It is needless to state that a clinic can not be maintained to any degree of efficiency without being properly equipped. An adequate medical personnel is the first and most important factor. One physician can not possibly care for and treat thoroughly the out-patient sick for an institution of any size. Special examinations can not be avoided, and consultations will be sought in many cases. Owing to the large numbers of psychoneurotic and psychopathic groups, innumerable examinations and interviews are necessary to distinguish the sick from those simulating illness, and properly to adjust the neurotic to his environment. Ingenuity upon the part of the medical staff in installing conveniently the facilities at hand, which need not be elaborate, obviates much loss of time and expense.

Malingering is an art unto itself. Those inmates who ply the wiles of deceit are surely skilled in this practice. Where is the prison physician who can conscientiously determine the difference between a faked spinal or gastric symptomatology from the true? Yet there are appropriate methods at hand to aid in the control of such a condition. For example, a card for each inmate may be so arranged as to include data essential to maintain an efficient sick call consistent with materials at hand. The card may include the inmate's name and register number, a column for dates, diagnosis, medications, and dispositions. These cards may be conveniently kept in a suitable file at the place of sick call. Furthermore, those whom the medical officer believes to be simulating illness, might readily be set aside and given a thorough physical examination, or any further examination necessary to detect presence or absence of disease. If it is found that the prisoner is simulating, it is wise to report him to the proper official for discipline. Let it be stated here that a too hasty decision upon the part of an examiner often meets with disaster, and it might be well to give the inmate the benefit of the doubt in dubious cases.

A surprising fact, appreciated by all of the medical officers who have been in the service of correctional institutions any length of time, is that innumerable prisoners are sufferers from the so-called cathartic drug habit. Visitors on sick call come day after day for cathartics, taking one for a time, then another. The probable explanation of such a condition possibly is due in large part to steam-cooked food prevalent in institutions and to the sedentary life. Green foods are difficult to obtain as an item of the inmates' diet, especially during the winter months and early spring. The sluggishness of the prison body as a whole is often due to the overcrowded

conditions of correctional institutions, which minimize working and recreational activities. Possibly the mental factor plays a part in this problem, for there is, of course, a marked change in the environment of a prisoner from that to which he was accustomed outside.

The problem of prescribing poisonous and narcotic drugs, or drugs which have a cumulative effect, might appropriately be discussed here. It is a dangerous practice to form a habit of prescribing sedatives, analgesics, hypnotics, and such drugs, promiscuously on sick call, especially those which have a cumulative effect. Some narcotic addicts have originated in jails and prisons, from the prolonged use of sedatives for pain issued on sick call. These drugs can not be dispensed with entirely and must be resorted to as the occasion arises; but if such are prescribed, it must be done judiciously.

Cases of suicide are not infrequently found in prisons. The use of poisonous drugs in clinical dressings and treatment on sick call properly reverts to the direct supervision of a medical officer. If the occasion arises necessitating the use of such drugs in the treatment of disease, it might well be performed in the in-service department of the hospital, whereby patients can be well controlled. It is needless to state that too much care can not be observed in such cases, thereby avoiding embarrassment to the medical service in the event of a "drug" death. The "lock and key" method for such drugs is the safe method to follow.

The expense of drugs in maintaining a medical service is a financial factor in every institution, few of which allot sufficient funds to provide adequately in this respect. The usual specifics are essential; proprietary drugs as a rule are unnecessary, although a few should be provided. This item of expense can be minimized by dispensing in proper containers, using the minimum dosage instead of an excess.

The dispensary service in prisons should be intimately connected with the hospital in the same way that the dispensary service is connected with the hospital in civil life; and the relationship existing between the dispensary and the hospital, likewise, should be similar. Proper correlation is necessary; one can not well thrive without the other. The acutely ill, those in surgical need, those suffering from contagious or infectious diseases, and the mentally sick, enter the clinic for relief and, if need be, hospitalization. In this manner the in-patient service working through the out-patient service, or clinic, keeps in contact with the prison population.

If separate services are maintained, proximity to each other is not only convenient but economical. Laboratory tests and examinations, including X ray, must be obtained to procure a proper

diagnosis; therefore, one laboratory may well serve the purposes of both services.

Hospital records are not complete unless they include both the in-service and out-service departments and are properly compiled in a central office located in the hospital. In order to make a completed study of any case, the out-patient record must be obtainable. The discharged patient's file will not be complete without his clinical record. Therefore, a complete systematic sequence of records must be installed, including all medical data from the time of the prisoner's admission to his release from the institution; and these records should be filed away in a centrally located office, accessible at any future date to the medical service. Not infrequently the medical service is called upon to produce certain medical information bearing upon the life of a previously confined prisoner. Prison morbidity statistics are interesting and instructive, and they can not be of the greatest value unless adequate, complete records are accumulated in both services.

A medical service of high degree is difficult to obtain in any prison, by the medical personnel alone, and is accomplished only by the cooperation of the entire institutional personnel as a whole. When this cooperation is forthcoming, then and then only will the medical service in its entirety flourish. If this is not provided, then it will take a large amount of diplomacy and perseverance on the part of the medical officer in charge to achieve the best results. Usually the cooperation of the officials of the institution is given willingly and gladly, if the efforts of the medical service are commendable and obtain results.

It is needless to state that the out-patient service must abide by certain institutional rules, uncomplainingly, although such compliance may appear a handicap to the medical service; for it must be remembered that the safeguarding of the institution is the superior consideration. Certain prison rules and routine might be changed in order to facilitate the medical service, if the facts are judiciously explained. Radical changes in the out-patient service can not take place in a day. Months may be consumed in molding this service into a smooth-running, efficient organization, whereby results will be obtained in an expedient and economical manner. The study of sick call is fascinating, and it is hoped that the points here discussed may prove helpful to both the medical service and prison officials.

COURT DECISION RELATING TO PUBLIC HEALTH

State board of health held without authority to adopt regulations governing sterilization of containers used in dispensing soft drinks.—(Utah Supreme Court; State *v.* Goss, 11 P. (2d) 340; decided May 3, 1932.) The Utah State Board of Health adopted regulations requiring that

operators of soda fountains, root-beer stands, etc., dispense beverages in containers that had been sterilized in a manner specified or in single-service, paper containers. In an action against the defendant, the owner and operator of a root-beer stand, for violation of such regulations, the city and district courts sustained a demurrer to the complaint and discharged the defendant. The ground of the demurrer was that the facts stated in the complaint did not constitute a public offense. The State appealed to the supreme court.

On behalf of the defendant, it was urged that the State board of health had no power or authority to adopt the regulations in question and that, in so doing, it attempted to exercise a legislative function which could not be delegated by the legislature to the board. The State contended that the power of the State board of health to adopt the said regulations was derived from a statute which, among other things, provided that the board "shall have authority to make such rules and regulations, not contrary to law, as may be deemed necessary for the preservation of public health." The supreme court pointed out that the legislative power of the State, vested by the constitution in the legislature and, under specified circumstances, in the people, could not be delegated, but that, where a certain policy had been prescribed by statute, the power to make regulations to carry such policy into effect could be conferred upon or delegated to an administrative agent such as a board or commission. In deciding that the State board of health had no authority to adopt the regulations involved in the instant case, the court stated, in part, as follows:

> We are unable to find anything in the statute defining a policy or creating a law with respect to the subject of utensils used in serving the public with soft drinks. There is nothing which defines legislative policy with respect to this particular subject. The general power to make rules and regulations, unlimited except that they shall not be contrary to law, is coextensive with the State police power as it affects public health. We think it clear that, under this general language, the State board of health is not empowered to pass rules and regulations having the force of law regulating the conduct of the people of the State with respect to all matters having some relation to the public health. This indeed would be the delegation of legislative power if the words of the statute should be so construed. The language must be taken to be limited to the particular matters and things specified in succeeding sections of the statute wherein duties are imposed upon the State board of health with respect to particular subjects or situations with respect to the public health. * * *

Two of the five justices took the view that the regulations involved in the case were not only lawful and reasonable but necessary for the preservation and protection of the public health.

DEATHS DURING WEEK ENDING JUNE 11, 1932

Summary of information received by telegraph from industrial insurance companies for the week ended June 11, 1932, and corresponding week of 1931. (From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce)

	Week ended June 11, 1932	Corresponding week, 1931
Policies in force	72, 767, 250	75, 136, 092
Number of death claims	13, 673	13, 770
Death claims per 1,000 policies in force, annual rate	9. 8	9. 6
Death claims per 1,000 policies, first 23 weeks of year, annual rate	10. 3	10. 7

Deaths [1] from all causes in certain large cities of the United States during the week ended June 11, 1932, infant mortality, annual death rate, and comparison with corresponding week of 1931. (From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce)

[The rates published in this summary are based upon mid-year population estimates derived from the 1930 census]

City	Week ended June 11, 1932				Corresponding week, 1931		Death rate [2] for the first 23 weeks	
	Total deaths	Death rate [2]	Deaths under 1 year	Infant mortality rate [3]	Death rate [2]	Deaths under 1 year	1932	1931
Total (85 cities)	7,535	10.8	615	[4] 50	10.7	610	12.2	13.1
Akron	38	7.5	3	37	7.1	3	7.7	8.2
Albany [5]	35	14.0	3	61	14.5	1	14.7	15.5
Atlanta [6]	87	16.0	6	58	12.6	6	14.0	15.9
White	44	12.3	3	44	11.0	3	11.0	12.7
Colored	43	23.5	3	86	15.7	3	20.1	22.1
Baltimore [5 6]	211	13.4	13	46	11.2	17	14.3	16.0
White	160	12.5	9	41	9.5	11	13.3	14.6
Colored	51	17.8	4	64	18.5	6	18.8	22.5
Birmingham [6]	57	10.8	9	94	11.8	3	11.8	14.7
White	23	7.0	6	99	7.8	0	9.4	11.4
Colored	34	16.9	3	81	18.3	3	15.8	20.2
Boston	218	14.5	28	85	10.9	16	15.4	15.5
Bridgeport	28	9.9	5	89	11.0	3	11.6	12.2
Buffalo	127	11.3	17	82	11.8	10	13.7	14.5
Cambridge	26	11.9	1	21	5.0	1	13.8	13.4
Camden	34	14.9	4	70	10.5	3	16.0	15.8
Canton	20	9.7	3	75	8.3	1	10.0	11.3
Chicago [6]	590	8.8	38	37	9.5	51	10.6	11.4
Cincinnati	125	14.1	5	32	11.5	6	15.9	17.0
Cleveland	165	9.4	15	49	11.2	14	11.7	12.2
Columbus	87	15.2	1	10	10.6	3	14.5	14.9
Dallas [6]	52	9.6	13	-------	10.9	8	10.7	12.2
White	35	7.8	9	-------	10.6	7	9.7	10.8
Colored	17	18.3	4	-------	12.1	1	15.5	18.7
Dayton	29	7.3	1	14	13.5	1	12.9	13.2
Denver	59	10.5	6	59	12.0	3	15.5	15.0
Des Moines	22	7.9	3	51	6.9	4	12.1	11.5
Detroit	245	7.4	20	36	7.6	26	8.3	9.2
Duluth	34	17.4	6	174	11.3	1	11.2	11.3
El Paso	28	13.7	4	-------	19.4	3	14.3	16.9
Erie	23	10.1	1	21	10.2	4	12.2	11.5
Evansville	22	10.9	0	0	13.5	1	10.2	11.9
Fall River [5 7]	24	10.9	3	80	11.8	2	12.8	13.4
Flint	22	6.8	5	73	7.9	2	8.3	8.0
Fort Wayne	22	9.5	1	26	9.2	0	10.6	11.4
Fort Worth [6]	35	10.7	4	-------	7.8	1	10.3	11.9
White	27	9.8	2	-------	8.2	1	10.0	11.5
Colored	8	15.7	2	-------	5.8	0	12.3	14.2
Grand Rapids	28	8.4	4	68	9.1	3	9.3	9.9
Hartford	16	4.9	2	27	-------	-------	-------	-------
Houston [6]	79	12.7	4	-------	12.3	10	11.1	11.5
White	60	13.1	3	-------	12.4	10	10.3	10.6
Colored	19	11.6	1	-------	11.9	0	13.2	14.0

See footnotes at end of table.

Deaths [1] from all causes in certain large cities of the United States during the week ended June 11, 1932, infant mortality, annual death rate, and comparison with corresponding week of 1931. (From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended June 11, 1932				Corresponding week, 1931		Death rate [2] for the first 23 weeks	
	Total deaths	Death rate [2]	Deaths under 1 year	Infant mortality rate [3]	Death rate [2]	Deaths under 1 year	1932	1931
Indianapolis [4]	89	12.4	7	57	11.4	12	13.4	14.5
White	76	12.1	6	55	11.1	12	13.1	14.1
Colored	13	14.7	1	69	13.8	0	16.0	17.7
Jersey City	66	10.8	5	41	10.3	8	12.0	12.9
Kansas City, Kans. [6]	29	12.2	2	44	11.5	1	13.0	14.4
White	19	9.9	0	0	11.0	1	12.6	13.3
Colored	10	22.1	2	256	13.3	0	14.9	18.8
Kansas City, Mo	96	12.1	4	45	10.8	5	12.7	14.4
Knoxville [6]	23	10.7	4	101	13.4	3	12.6	13.9
White	19	10.6	3	84	9.7	3	11.4	12.7
Colored	4	11.4	1	270	32.2	0	18.6	19.7
Long Beach	25	8.1	1	26	10.6	1	9.5	10.3
Los Angeles	257	9.7	14	42	11.9	22	11.0	11.3
Louisville [6]	68	11.5	5	46	12.9	1	13.7	15.6
White	56	11.2	5	52	11.6	1	12.4	14.0
Colored	12	13.1	0	0	19.7	0	21.1	24.7
Lowell [7]	27	14.1	4	105	13.0	1	14.9	13.4
Lynn	16	8.1	1	28	6.1	2	11.3	11.3
Memphis [6]	91	18.1	12	131	13.3	4	16.8	17.1
White	45	14.5	9	154	11.4	2	13.2	14.1
Colored	46	23.9	3	90	16.3	2	22.7	22.1
Miami [6]	23	10.6	2	56	8.3	0	12.0	13.0
White	17	10.0	1	39	7.8	0	10.9	12.1
Colored	6	12.4	1	101	10.3	0	15.8	16.3
Milwaukee	96	8.3	16	76	8.6	12	9.4	10.2
Minneapolis	114	12.4	15	98	10.7	6	11.1	11.9
Nashville [6]	44	14.7	2	30	17.4	3	15.3	17.5
White	30	13.8	2	39	13.9	2	13.9	15.2
Colored	14	17.1	0	0	26.8	1	19.1	23.6
New Bedford [7]	21	9.8	1	29	8.3	3	12.6	13.4
New Haven	29	9.3	0	0	10.3	2	13.0	12.8
New Orleans [6]	147	16.2	8	45	15.5	16	15.5	17.9
White	75	11.6	3	26	11.1	9	13.1	14.6
Colored	72	27.4	5	82	26.3	7	21.4	26.3
New York	1,350	9.8	108	48	9.7	111	11.6	12.5
Bronx Borough	204	7.7	15	43	7.4	16	8.5	9.1
Brooklyn Borough	445	8.7	44	49	8.9	46	10.8	11.5
Manhattan Borough	525	15.5	36	51	14.0	32	17.8	19.2
Queens Borough	135	5.8	6	25	6.8	12	7.4	8.1
Richmond Borough	41	12.8	7	138	13.4	5	14.6	14.4
Newark, N. J.	88	10.3	6	33	8.5	6	11.5	12.8
Oakland	49	8.6	0	0	9.8	3	10.9	11.1
Oklahoma City	35	8.9	2	27	9.5	4	10.6	12.0
Omaha	37	8.8	2	23	16.8	6	13.9	14.6
Paterson	28	10.5	2	36	12.0	1	13.4	15.1
Peoria	24	11.3	3	83	10.6	2	11.9	12.9
Philadelphia	492	13.0	42	65	11.0	32	13.6	15.0
Pittsburgh	142	10.9	19	87	12.4	18	13.9	16.5
Portland, Oreg.	67	11.3	4	51	9.7	2	11.9	12.3
Providence	54	11.0	9	87	11.0	2	14.5	14.4
Richmond [6]	47	13.3	2	30	15.8	5	14.5	17.1
White	30	11.8	0	0	10.3	0	11.9	14.5
Colored	17	16.8	2	92	29.6	5	20.9	23.7
Rochester	70	10.9	4	38	9.3	9	12.8	13.1
St. Louis	192	12.1	12	43	12.8	12	14.4	16.7
St. Paul	54	10.1	4	43	11.1	0	11.0	11.4
Salt Lake City [5]	23	8.3	3	47	15.0	5	11.1	12.8
San Antonio	66	14.0	17	------	17.6	23	14.4	16.3
San Diego	33	10.6	4	87	14.7	5	15.0	14.8
San Francisco	145	11.4	3	21	12.7	7	13.1	13.7
Schenectady	10	5.4	1	29	9.8	0	11.2	11.3
Seattle	79	11.0	1	10	10.2	5	12.3	12.4
Somerville	18	8.9	1	40	6.9	0	9.9	10.6
South Bend	14	6.6	2	58	10.1	0	8.0	8.9
Spokane	35	15.6	2	53	12.6	3	12.6	12.8
Springfield, Mass.	33	11.2	0	0	9.9	3	11.8	13.4
Syracuse	37	9.0	1	13	10.0	3	12.4	12.5
Tacoma	29	14.0	2	55	7.3	1	12.9	13.2

See footnotes at end of table.

Deaths [1] from all causes in certain large cities of the United States during the week ended June 11, 1932, infant mortality, annual death rate, and comparison with corresponding week of 1931. (From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended June 11, 1932				Corresponding week, 1931		Death rate [2] for the first 23 weeks	
	Total deaths	Death rate [2]	Deaths under 1 year	Infant mortality rate [3]	Death rate [2]	Deaths under 1 year	1932	1931
Tampa [6]	23	11.1	1	29	14.9	4	12.3	12.9
White	17	10.4	0	0	14.5	2	11.7	11.9
Colored	6	13.8	1	158	16.4	2	14.6	16.7
Toledo	75	13.0	3	33	12.3	6	12.5	13.0
Trenton	39	16.4	4	79	8.4	2	16.9	18.4
Uticia	32	16.3	2	57	14.3	2	16.7	15.7
Washington, D. C. [6]	141	14.9	11	62	14.4	10	17.4	17.2
White	92	13.5	6	49	13.3	7	15.5	14.7
Colored	49	18.7	5	89	17.4	3	22.3	23.8
Waterbury	22	11.3	0	0	8.8	3	10.0	10.4
Wilmington, Del. [7]	25	12.3	3	68	15.7	4	16.5	15.8
Worcester	57	15.0	3	42	11.6	1	13.4	14.1
Yonkers	15	5.5	2	52	9.0	0	8.3	9.5
Youngstown	22	6.6	1	16	11.8	1	10.5	11.0

[1] Deaths of nonresidents are included. Stillbirths are excluded.
[2] These rates represent annual rates per 1,000 population, as estimated for 1932 and 1931 by the arithmetical method.
[3] Deaths under 1 year of age per 1,000 estimated live births. Cities left blank are not in the registration area for births.
[4] Data for 81 cities.
[5] Deaths for week ended Friday.
[6] For the cities for which deaths are shown by color, the percentages of colored population in 1930 were as follows: Atlanta, 33; Baltimore, 18; Birmingham, 38; Dallas, 17; Fort Worth, 16; Houston, 27; Indianapolis, 12; Kansas City, Kans., 19; Knoxville, 16; Louisville, 15; Memphis, 38; Miami, 23; Nashville, 28; New Orleans, 29; Richmond, 29; Tampa, 21; and Washington, D. C., 27.
[7] Population Apr. 1, 1930; decreased 1920 to 1930, no estimate made.
[8] Figures for Hartford not shown in totals.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers

Reports for Weeks Ended June 18, 1932, and June 20, 1931

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended June 18, 1932, and June 20, 1931

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended June 18, 1932	Week ended June 20, 1931	Week ended June 18, 1932	Week ended June 20, 1931	Week ended June 18, 1932	Week ended June 20, 1931	Week ended June 18, 1932	Week ended June 20, 1931
New England States:								
Maine	3	2	8	----	114	17	0	0
New Hampshire	1	----	----	4	79	14	0	0
Vermont	5	----	----	----	203	15	0	0
Massachusetts	22	47	1	----	732	563	3	1
Rhode Island	6	8	----	----	12	117	0	0
Connecticut	----	1	----	----	193	207	2	0
Middle Atlantic States:								
New York	96	137	[1] 9	[1] 3	1,801	2,075	9	8
New Jersey	28	34	9	5	605	711	3	1
Pennsylvania	70	55	----	----	983	1,877	6	7
East North Central States:								
Ohio	13	17	5	5	1,027	449	1	2
Indiana	17	48	6	5	91	258	5	4
Illinois	48	116	12	3	692	1,322	7	8
Michigan	15	27	7	----	2,445	340	0	8
Wisconsin	12	13	4	12	934	699	0	1
West North Central States:								
Minnesota	7	15	3	----	68	108	0	1
Iowa	12	2	----	----	6	11	0	0
Missouri	32	14	----	----	50	96	1	2
North Dakota	1	2	----	----	64	49	0	0
South Dakota	2	4	----	----	7	3	0	0
Nebraska	3	3	----	----	2	4	0	0
Kansas	6	10	2	----	169	117	2	0
South Atlantic States:								
Delaware	----	----	----	1	----	53	0	0
Maryland [2]	8	17	4	3	78	364	0	1
District of Columbia	5	10	----	----	24	58	0	1
Virginia	----	----	----	----	----	----	----	----
West Virginia	10	7	16	1	202	240	0	1
North Carolina	5	16	1	4	545	470	0	3
South Carolina	6	9	194	163	115	155	0	2
Georgia [2]	5	6	41	18	61	45	0	0
Florida [2]	19	1	6	----	21	27	0	0
East South Central States:								
Kentucky	7	----	----	----	13	92	1	0
Tennessee	7	----	22	12	4	96	2	3
Alabama [3]	13	13	9	3	5	69	0	9
Mississippi	4	3	----	----	----	----	1	1

[1] New York City only.
[2] Week ended Friday.
[3] Typhus fever, 22 cases: 5 cases in Georgia, 1 case in Florida, 8 cases in Alabama, and 8 cases in Texas.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended June 18, 1932, and June 20, 1931—Continued

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended June 18, 1932	Week ended June 20, 1931	Week ended June 18, 1932	Week ended June 20, 1931	Week ended June 18, 1932	Week ended June 20, 1931	Week ended June 18, 1932	Week ended June 20, 1931
West South Central States:								
Arkansas	1	1	19	7	1	46	0	0
Louisiana	18	25	1	4	6	----	0	1
Oklahoma [4]	6	3	6	7	94	15	0	0
Texas [3]	17	17	10	14	41	18	0	1
Mountain States:								
Montana	----	1	4	----	166	8	0	0
Idaho	----	1	1	----	1	4	0	0
Wyoming	----	----	----	----	30	5	0	0
Colorado	3	3	----	----	61	69	1	0
New Mexico	5	5	----	----	18	43	0	0
Arizona	----	4	4	----	5	26	0	2
Utah [3]	----	----	----	2	----	5	0	0
Pacific States:								
Washington	8	5	----	----	101	98	0	0
Oregon	10	3	19	9	157	32	0	0
California	48	63	42	23	424	502	0	3
Total	604	768	465	308	12,450	11,592	44	71

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended June 18, 1932	Week ended June 20, 1931	Week ended June 18, 1932	Week ended June 20, 1931	Week ended June 18, 1932	Week ended June 20, 1931	Week ended June 18, 1932	Week ended June 20, 1931
New England States:								
Maine	0	0	32	31	0	0	1	1
New Hampshire	0	0	19	1	0	0	0	0
Vermont	0	0	15	5	6	10	0	0
Massachusetts	0	2	305	205	0	0	3	6
Rhode Island	0	0	40	27	0	0	0	1
Connecticut	3	0	73	23	0	0	1	2
Middle Atlantic States:								
New York	3	6	706	568	0	11	15	26
New Jersey	2	0	217	197	0	0	3	7
Pennsylvania	0	2	502	407	0	0	21	12
East North Central States:								
Ohio	4	0	129	169	22	23	10	7
Indiana	0	1	32	55	14	66	7	5
Illinois	3	0	286	326	9	60	21	10
Michigan	0	3	389	361	3	18	1	5
Wisconsin	2	0	57	57	1	6	1	2
West North Central States:								
Minnesota	0	1	55	40	4	6	2	3
Iowa	0	0	13	30	20	42	0	1
Missouri	0	1	17	45	2	26	5	8
North Dakota	1	1	5	6	1	3	4	3
South Dakota	0	0	7	13	1	17	2	0
Nebraska	0	0	4	7	6	18	0	0
Kansas	0	0	13	25	14	77	4	2
South Atlantic States:								
Delaware	0	0	8	1	0	0	0	0
Maryland [3]	0	0	45	29	0	0	7	6
District of Columbia	0	0	10	13	0	0	0	0
Virginia	1	----	----	----	----	----	----	----
West Virginia	0	0	14	23	1	0	25	2
North Carolina	1	1	19	27	1	1	37	15
South Carolina	0	5	1	2	1	5	41	36
Georgia [3]	0	0	4	21	0	0	25	17
Florida [3]	0	0	3	6	0	0	1	2
East South Central States:								
Kentucky	0	0	32	35	6	0	22	5
Tennessee	0	0	12	8	1	1	54	14
Alabama [3]	0	1	8	6	3	8	12	18
Mississippi	3	3	2	8	8	22	31	15

[3] Week ended Friday.
[3] Typhus fever 22 cases: 5 cases in Georgia, 1 case in Florida, 8 cases in Alabama, and 8 cases in Texas.
[4] Figures for 1932 are exclusive of Oklahoma City and Tulsa.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended June 18, 1932, and June 20, 1931—Continued

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended June 18, 1932	Week ended June 20, 1931	Week ended June 18, 1932	Week ended June 20, 1931	Week ended June 18, 1932	Week ended June 20, 1931	Week ended June 18, 1932	Week ended June 20, 1931
West South Central States:								
Arkansas	0	0	1	6	3	14	12	10
Louisiana	1	0	2	5	0	9	24	17
Oklahoma [4]	0	2	11	10	10	67	13	5
Texas [3]	1	1	13	16	17	20	10	32
Mountain States:								
Montana	0	1	10	9	15	3	0	5
Idaho	0	0	0	15	0	5	2	0
Wyoming	0	0	3	1	0	0	1	0
Colorado	0	0	24	12	0	33	1	1
New Mexico	0	0	1	3	0	1	4	2
Arizona	0	0	2	1	0	1	2	3
Utah [2]	1	0	0	3	0	0	0	0
Pacific States:								
Washington	2	0	17	14	16	17	3	3
Oregon	0	0	3	7	8	11	6	3
California	2	6	126	76	5	12	16	7
	30	37	3,287	2,955	198	613	450	319

[2] Week ended Friday.
[3] Typhus fever, 22 cases: 5 cases in Georgia, 1 case in Florida, 8 cases in Alabama, and 8 cases in Texas.
[4] Figures for 1932 are exclusive of Oklahoma City and Tulsa.

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of cases reported monthly by States is published weekly and covers only those States from which reports are received during the current week.

State	Meningococcus meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Smallpox	Typhoid fever
May, 1932										
Arizona	4	16	16	-------	5	1	0	24	0	2
Dist. of Columbia	4	30	5	-------	86	-------	1	95	0	2
Indiana	18	91	89	-------	602	1	0	369	31	8
Iowa	3	39	-------	11	21	-------	0	158	119	12
Maryland	3	46	44	1	251	-------	1	377	0	15
Massachusetts	7	135	14	1	4,468	3	2	1,971	0	13
New Jersey	6	134	55	1	4,253	-------	5	1,313	0	7
Ohio	8	115	118	1	10,802	-------	4	1,471	61	16
Pennsylvania	33	316	-------	-------	7,814	1	3	3,231	0	25
Tennessee	11	29	344	85	85	72	2	87	56	37
Vermont	-------	2	-------	-------	1,355	-------	0	53	26	1

[1] Delayed report.

May, 1932

	Cases
Anthrax:	
New Jersey	1
Pennsylvania	1
Chicken pox:	
Arizona	64
District of Columbia	172
Indiana	389
Iowa	136
Maryland	612
Massachusetts	938
New Jersey	1,115
Ohio	1,333
Pennsylvania	2,357
Tennessee	137
Vermont	111
Conjunctivitis (infectious):	
Iowa	2
Diarrhea:	
Maryland	11
Diarrhea and enteritis (under 2 years):	
Ohio	10
Dysentery:	
Arizona	1
Maryland	7
New Jersey	1
Pennsylvania	3
Tennessee	28

	Cases
Food poisoning:	
Ohio	3
German measles:	
Iowa	38
Maryland	27
Massachusetts	100
New Jersey	76
Ohio	29
Pennsylvania	140
Tennessee	251
Hookworm disease:	
Maryland	1
Impetigo contagiosa:	
Maryland	8
Jaundice:	
Maryland	1
Lead poisoning:	
Massachusetts	1
New Jersey	1
Ohio	21
Leprosy:	
Arizona	1
Lethargic encephalitis:	
Massachusetts	2
Ohio	1
Pennsylvania	2
Tennessee	1
Mumps:	
Arizona	5
Indiana	729
Iowa	126
Maryland	659
Massachusetts	1,387
New Jersey	1,625
Ohio	859
Pennsylvania	2,705
Tennessee	60
Vermont	583
Ophthalmia neonatorum:	
Maryland	1
Massachusetts	170
New Jersey	6
Ohio	64
Pennsylvania	4
Tennessee	1
Paratyphoid fever:	
Massachusetts	1
Ohio	2
Tennessee	2
Puerperal septicemia:	
Ohio	5
Pennsylvania	24
Tennessee	1
Rabies in animals:	
Maryland	2
New Jersey	56

	Cases
Rabies in man:	
Pennsylvania	1
Scabies:	
Maryland	1
Septic sore throat:	
Maryland	7
Massachusetts	19
Ohio	153
Tetanus:	
Maryland	4
Massachusetts	3
New Jersey	2
Ohio	5
Pennsylvania	3
Trachoma:	
Arizona	17
Indiana	6
Massachusetts	2
New Jersey	53
Ohio	3
Tennessee	64
Trichinosis:	
Ohio	1
Tularæmia:	
Iowa	1
Ohio	1
Tennessee	2
Undulant fever:	
Arizona	1
Indiana	4
Iowa	5
Maryland	5
Massachusetts	1
New Jersey	3
Ohio	4
Pennsylvania	8
Vermont	1
Vincent's angina:	
Iowa	3
Maryland	11
Tennessee	1
Whooping cough:	
Arizona	37
District of Columbia	88
Indiana	356
Iowa	70
Maryland	564
Massachusetts	815
New Jersey	1,017
Ohio	1,724
Pennsylvania	2,568
Tennessee	303
Vermont	89

RECIPROCAL NOTIFICATIONS

Notifications regarding communicable diseases sent during the month of May, 1932, by departments of health of States named to other State health departments

Disease	California	Connecticut	Illinois	Massachusetts	Minnesota	New York	Oregon
Chicken pox	1						
Influenza				1			
Lethargic encephalitis				1			
Malaria				1			
Scarlet fever	3	1				1	
Tuberculosis	3		5	1	20	1	8
Undulant fever					1		

PATIENTS IN INSTITUTIONS FOR FEEBLE-MINDED, OCTOBER–DECEMBER, 1930

Reports for the fourth quarter of the year 1930 were received by the Public Health Service from 34 institutions for the care of the feeble-minded, located in 26 States and the Territory of Hawaii. The total number of persons in these institutions on December 31, 1930, including those on temporary leave or otherwise absent but still on the books, was 42,512.

The first admissions were as follows:

	Male	Female	Total
October	225	173	398
November	253	156	409
December	195	126	321
Total	673	455	1,128

Of the first admissions during the three months, 59.7 per cent were males and 40.3 per cent females, the ratio being 148 males per 100 females. Three hundred and two male patients and 221 female patients were discharged during the three months. One hundred and thirty-two male patients and 91 female patients died. The annual death rates, based on the number of patients on the books December 31, 1930, were: Males, 23.6 per 1,000; females, 17.7 per 1,000; and both sexes, 20.8 per 1,000.

The following table shows the number of patients in the institutions and on temporary leave on October 1, 1930, and at the end of each month of the fourth quarter of the year and the percentages of the number of patients who were on leave.

	Oct. 1, 1930	Oct. 31, 1930	Nov. 30, 1930	Dec. 31, 1930
Patients in institutions:				
Male	18,547	18,707	18,837	18,508
Female	17,839	17,954	18,039	17,882
Total	36,386	36,661	36,876	36,390
Patients on temporary leave:				
Male	3,346	3,289	3,270	3,636
Female	2,350	2,335	2,292	2,486
Total	5,696	5,624	5,562	6,122
Total patients on books:				
Male	21,893	21,996	22,107	22,144
Female	20,189	20,289	20,331	20,368
Total	42,082	42,285	42,438	42,512
Per cent of patients on temporary leave:				
Male	15.3	15.0	14.8	16.4
Female	11.6	11.5	11.3	12.2
Total	13.5	13.3	13.1	14.4

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

The 96 cities reporting cases used in the following table are situated in all parts of the country and have an estimated aggregate population of more than 33,900,000. The estimated population of the 89 cities reporting deaths is more than 32,350,000. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Weeks ended June 11, 1932, and June 13, 1931

	1932	1931	Estimated expectancy
Cases reported			
Diphtheria:			
46 States	648	729	----------
96 cities	271	344	648
Measles:			
45 States	17,173	14,989	----------
96 cities	5,543	5,614	----------
Meningococcus meningitis:			
46 States	52	74	----------
96 cities	21	33	----------
Poliomyelitis:			
46 States	28	38	----------
Scarlet fever:			
46 States	3,803	3,575	----------
96 cities	1,804	1,712	1,062
Smallpox:			
46 States	192	794	----------
96 cities	20	67	52
Typhoid fever:			
46 States	391	285	----------
96 cities	45	48	46
Deaths reported			
Influenza and pneumonia:			
89 cities	476	480	----------
Smallpox:			
89 cities	0	0	----------

City reports for week ended June 11, 1932

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain from previous occurrence the number of cases of the disease under consideration that may be expected to occur during a certain week in the absence of epidemics. It is based on reports to the Public Health Service during the past nine years. It is in most instances the median number of cases reported in the corresponding weeks of the preceding years. When the reports include several epidemics, or when for other reasons the median is unsatisfactory, the epidemic periods are excluded, and the estimated expectancy is the mean number of cases reported for the week during non-epidemic years.

If the reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1923 is included. In obtaining the estimated expectancy, the figures are smoothed when necessary to avoid abrupt deviation from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

Division, State, and city	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
		Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND								
Maine:								
Portland	3	0	0	1	0	4	1	1
New Hampshire:								
Concord	0	0	0		0	2	0	1
Manchester	0	0	0		0	0	0	1
Nashua	0	0	0		0	0	0	0
Vermont:								
Barre	0	0	0		0	0	0	0
Burlington	0	0	0		0	0	0	0
Massachusetts:								
Boston	77	23	12		0	207	90	18
Fall River	7	2	1		0	49	0	0
Springfield	16	2	0		0	150	9	1
Worcester	8	3	2		0	22	7	5
Rhode Island:								
Pawtucket	0	0	0		0	0	0	0
Providence	7	4	19		0	0	7	5
Connecticut:								
Bridgeport	2	4	0		0	54	0	0
Hartford	3	3	0		0	3	4	2
New Haven	24	0	1		0	0	13	4
MIDDLE ATLANTIC								
New York:								
Buffalo	58	8	1		0	69	2	11
New York	348	212	59	9	6	732	222	125
Rochester	10	4	1		0	15	4	8
Syracuse	26	0	0		0	129	20	2
New Jersey:								
Camden	1	5	3		0	0	0	3
Newark	58	12	1	1	1	93	249	5
Trenton	3	2	0		0	2	3	0
Pennsylvania:								
Philadelphia	115	50	2	8	8	7	91	33
Pittsburgh	54	13	4	1	1	139	12	20
Reading	0	1	0		0	2	0	1
EAST NORTH CENTRAL								
Ohio:								
Cincinnati	5	4	1		0	3	0	6
Cleveland	56	20	4	3	0	333	49	9
Columbus	8	2	0		0	74	3	2
Toledo	20	3	0		0	120	0	2
Indiana:								
Fort Wayne	3	1	3		0	0	0	0
Indianapolis	24	2	1		0	5	100	3
South Bend	8	1	0		0	7	0	1
Terre Haute	3	0	0		0	86	0	3
Illinois:								
Chicago	194	80	35	2	0	408	23	29
Springfield		1						
Michigan:								
Detroit	86	37	8	4	0	1,154	81	14
Flint	15	1	1	4	0	51	27	1
Grand Rapids	10	0	0		0	20	21	2
Wisconsin:								
Kenosha	1	0	0		0	332	0	0
Madison	3	0	0			1	1	
Milwaukee	72	10	3		0	570	15	6
Racine	21	1	0		0	66	28	0
Superior	1	0	0		0	0	0	0

City reports for week ended June 11, 1932—Continued

Division, State, and city	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
		Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
WEST NORTH CENTRAL								
Minnesota:								
Duluth	5	0	0		0	0	4	1
Minneapolis	17	9	5		1	12	22	0
St. Paul	48	4	1		0	2	24	1
Iowa:								
Davenport	2	1	0			2	3	
Des Moines	0	0	3			0	0	
Sioux City	2	0	0			0	2	
Waterloo	3	0	0			0	1	
Missouri:								
Kansas City	8	2	1		0	26	1	8
St. Joseph	0	0	4		0	1	0	3
St. Louis	24	27	15			8	3	4
North Dakota:								
Fargo	12	0	0		0	7	0	1
Grand Forks	1	0	0			13	0	
South Dakota:								
Aberdeen	5	0	0			0	0	
Sioux Falls	0	0	0			0	0	
Nebraska:								
Omaha	9	2	4		0	2	2	2
Kansas:								
Topeka	22	0	0		0	34	1	2
Wichita	1	1	1		0	1	2	2
SOUTH ATLANTIC								
Delaware:								
Wilmington	1	2	0		0	1	0	5
Maryland:								
Baltimore	86	15	3	1	3	7	122	11
Cumberland	0	0	0	2	0	13	0	1
Frederick	0	0	0		0	1	0	0
District of Columbia:								
Washington	40	9	1	1	1	18	0	5
Virginia:								
Lynchburg	4	1	0		0	0	0	2
Norfolk	3	0	0		0	3	1	3
Richmond	0	1	1		0	0	0	3
Roanoke	1	0	0		0	0	0	0
West Virginia:								
Charleston	1	0	0		0	9	0	1
Huntington	0		0		0	6	0	0
Wheeling	3	0	0		0	79	0	1
North Carolina:								
Raleigh	1	0	1		0	0	0	2
Wilmington	3	0	0		0	0	0	0
Winston-Salem	6	0	0		0	74	1	1
South Carolina:								
Charleston	0	0	2	17	1	0	0	2
Columbia	3	0	0		1	22	0	3
Greenville	0	0	0		0	21	0	0
Georgia:								
Atlanta	6	1	2	7	0	4	0	10
Brunswick	0	0	0		0	0	0	0
Savannah	0	0	0	28	0	33	0	2
Florida:								
Miami	0	1	0		0	1	0	0
Tampa	1	0	4		0	0	0	0
EAST SOUTH CENTRAL								
Kentucky:								
Covington		0						
Lexington	0		0		0	0	0	1
Tennessee:								
Memphis	3	1	0		0		0	3
Nashville	3	0	1		0	1	0	0
Alabama:								
Birmingham	4	0	0	2	0	2	3	1
Mobile	0	1	0		1	0	0	0
Montgomery	0	0	0	1		1	1	

City reports for week ended June 11, 1932—Continued

Division, State, and city	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
		Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
WEST SOUTH CENTRAL								
Arkansas:								
Fort Smith	0	0	0	----	----	0	0	----
Little Rock	0	0	0	----	0	0	0	1
Louisiana:								
New Orleans	2	7	18	2	0	0	0	5
Shreveport	0	0	0	----	0	3	7	3
Oklahoma:								
Muskogee	0	----	0	----	0	2	0	0
Oklahoma City	0	0	0	----	1	17	0	6
Texas:								
Dallas	2	2	5	----	0	5	0	8
Fort Worth	2	1	1	----	0	0	0	4
Galveston	0	0	0	----	0	0	0	0
Houston	0	2	4	----	0	14	0	4
San Antonio	0	2	0	----	0	0	0	7
MOUNTAIN								
Montana:								
Billings	0	0	0	----	0	0	0	0
Great Falls	0	0	0	----	0	0	0	0
Helena	11	0	0	----	0	0	0	0
Missoula	0	0	0	----	0	0	0	0
Idaho:								
Boise	0	0	0	----	0	1	0	0
Colorado:								
Denver	23	5	5	----	0	53	33	5
Pueblo	8	1	0	----	0	0	0	0
New Mexico:								
Albuquerque	0	0	0	----	0	8	2	0
Arizona:								
Phoenix	0	----	0	----	0	0	0	0
Utah:								
Salt Lake City	44	3	0	----	0	0	16	0
Nevada:								
Reno	0	0	0	----	0	0	0	1
PACIFIC								
Washington:								
Seattle	21	2	7	----	----	33	3	----
Spokane	9	3	0	----	----	26	0	----
Tacoma	3	2	0	----	0	70	3	5
Oregon:								
Portland	2	4	2	1	1	85	3	3
Salem	0	1	0	----	0	1	1	0
California:								
Los Angeles	94	25	21	28	1	26	26	10
Sacramento	33	1	0	----	0	6	1	1
San Francisco	42	10	3	1	0	160	4	3

City reports for week ended June 11, 1932—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
NEW ENGLAND											
Maine:											
Portland	2	4	0	0	0	0	0	0	0	7	26
New Hampshire:											
Concord	0	4	0	0	0	0	0	0	0	0	8
Manchester	1	7	0	0	0	4	0	0	0	0	84
Nashua	0	0	0	0	0	0	0	0	0	0	------
Vermont:											
Barre	1	0	0	0	0	1	0	0	0	0	2
Burlington	0	0	0	0	0	0	0	0	0	0	10
Massachusetts:											
Boston	63	82	0	0	0	11	1	1	0	38	218
Fall River	3	8	0	0	0	1	0	0	0	1	24
Springfield	7	7	0	0	0	1	0	0	0	5	34
Worcester	9	23	0	0	0	1	1	2	0	13	57
Rhode Island:											
Pawtucket	2	0	0	0	0	0	0	0	0	0	15
Providence	9	15	0	0	0	2	0	0	0	5	54
Connecticut:											
Bridgeport	6	6	0	0	0	2	0	0	0	3	28
Hartford	3	8	0	0	0	0	0	0	0	1	18
New Haven	3	14	0	0	0	1	0	0	0	7	29
MIDDLE ATLANTIC											
New York:											
Buffalo	20	37	0	0	0	10	0	0	0	29	125
New York	197	493	0	0	0	81	9	1	0	158	1,350
Rochester	7	38	0	0	0	2	0	0	0	4	68
Syracuse	8	21	0	0	0	2	0	0	0	47	37
New Jersey:											
Camden	5	12	0	0	0	0	0	0	0	0	34
Newark	20	15	0	0	0	5	0	0	0	36	91
Trenton	2	10	0	0	0	6	0	0		2	39
Pennsylvania:											
Philadelphia	80	158	0	0	0	40	2	9	1	65	492
Pittsburgh	29	51	0	0	0	12	0	0	0	31	142
Reading	3	17	0	0	0	0	0	0	0	8	17
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	17	22	2	0	0	13	1	0	0	9	125
Cleveland	36	74	1	0	0	9	1	0	0	81	165
Columbus	6	8	1	2	0	3	0	0	0	26	87
Toledo	12	4	1	0	0	5	0	2	0	54	75
Indiana:											
Fort Wayne	2	2	1	0	0	1	0	1	0	7	22
Indianapolis	11	8	6	0	0	6	0	0	0	20	--------
South Bend	4	4	1	0	0	0	0	0	0	0	14
Terre Haute	2	0	1	0	0	1	0	0	0	0	17
Illinois:											
Chicago	102	178	1	0	0	47	2	1	0	116	590
Springfield	3	------	1	------	------	------	0	------	------	------	------
Michigan:											
Detroit	100	238	1	0	0	27	2	0	0	145	245
Flint	12	5	2	0	0	1	0	0	0	25	22
Grand Rapids	8	8	1	0	0	0	1	0	0	10	28
Wisconsin:											
Kenosha	1	4	0	0	0	1	0	0	0	2	5
Madison	3	3	0	0	------	------	0	0	------	13	--------
Milwaukee	26	37	0	0	0	2	0	0	0	79	96
Racine	1	0	0	0	0	0	0	0	0	0	10
Superior	2	1	0	0	0	0	0	0	0	7	8

City reports for week ended June 11, 1932—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
WEST NORTH CENTRAL											
Minnesota:											
Duluth	6	4	0	0	0	1	0	0	0	0	32
Minneapolis	24	21	0	0	0	6	0	1	0	31	114
St. Paul	15	6	0	0	0	1	0	1	0	44	57
Iowa:											
Davenport	0	4	4	3			0	0		0	
Des Moines	5	3	3	1			0	0		0	22
Sioux City	2	1	1	3			0	0		2	
Waterloo	1	0	0	0			0	0		2	
Missouri:											
Kansas City	9	12	0	0	0	5	1	0	0	10	96
St. Joseph	1	1	0	0	0	1	0	0	0	5	18
St. Louis	47	6	2	0	0	12	2	1	0	12	192
North Dakota:											
Fargo	0	1	0	0	0	0	0	0	0	0	4
Grand Forks	0	0	1	0			0	0		0	
South Dakota:											
Aberdeen	1	0	0	0			0	0		0	
Sioux Falls	1	0	1	0			0	0		0	6
Nebraska:											
Omaha	3	2	4	7	0	1	0	0	0	0	37
Kansas:											
Topeka	1	0	0	0	0	1	0	0	0	56	10
Wichita	1	0	1	0	0	0	1	0	0	2	28
SOUTH ATLANTIC											
Delaware:											
Wilmington	3	3	0	0	0	1	0	0	0	7	2
Maryland:											
Baltimore	30	29	0	0	0	20	1	3	0	98	211
Cumberland	0	3	0	0	0	1	0	0	0	1	15
Frederick	0	0	0	0	0	0	0	0	0	0	2
District of Columbia:											
Washington	17	12	0	0	0	19	1	2	0	18	141
Virginia:											
Lynchburg	0	0	0	0	0	0	0	0	0	34	14
Norfolk	1	0	0	0	0	5	0	0	0	4	28
Richmond	2	2	0	0	0	3	0	0	0	1	46
Roanoke	0	1	0	0	0	1	0	0	0	3	13
West Virginia:											
Charleston	0	3	0	0	0	0	0	1	0	2	13
Huntington		0		0	0	0		0	0	0	
Wheeling	1	0	0	0	0	0	0	0	0	14	6
North Carolina:											
Raleigh	0	0	0	0	0	0	0	0	0	10	16
Wilmington	0	0	0	0	0	0	0	0	0	7	9
Winston-Salem	1	4	0	0	0	0	0	1	0	26	10
South Carolina:											
Charleston	0	0	0	0	0	3	0	2	0	0	32
Columbia	0	0	0	0	0	3	1	0	0	1	19
Greenville	0	0	0	0	0	0	0	0	0	2	
Georgia:											
Atlanta	4	3	3	0	0	4	1	3	1	10	87
Brunswick	0	1	0	0	0	0	1	0	0	0	1
Savannah	0	0	0	0	0	1	1	2	0	0	27
Florida:											
Miami	0	0	0	0	0	1	0	0	0	0	23
Tampa	0	0	0	0	0	0	0	0	0	0	23
EAST SOUTH CENTRAL											
Kentucky:											
Covington	2		0				0				
Lexington		0		0	0	1		0	0	0	11
Tennessee:											
Memphis	4	2	1	0	0	8	2	1	0	16	91
Nashville	2	0	1	0	0	1	1	0	0	12	44
Alabama:											
Birmingham	1	3	2	0	0	4	0	1	1	16	57
Mobile	0	1	1	1	0	0	0	0	0	0	22
Montgomery	0	0	1	0			0	0		0	

City reports for week ended June 11, 1932—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith	0	0	0	0	-------	-------	0	0	-------	0	-------
Little Rock	1	0	0	0	0	3	0	0	0	0	4
Louisiana:											
New Orleans	5	4	0	1	0	11	3	2	1	0	147
Shreveport	0	1	1	0	0	3	1	1	3	4	40
Oklahoma:											
Muskogee	-------	1	-------	0	0	0	-------	0	0	0	-------
Oklahoma City	1	3	2	0	0	1	1	2	0	0	35
Texas:											
Dallas	2	1	2	0	0	2	1	0	0	16	52
Fort Worth	2	1	1	3	0	1	0	0	0	0	35
Galveston	0	0	0	0	0	0	0	0	0	0	9
Houston	2	1	1	0	0	8	1	0	0	0	79
San Antonio	1	0	0	0	0	8	1	0	0	0	66
MOUNTAIN											
Montana:											
Billings	1	0	0	0	0	0	0	0	0	0	5
Great Falls	1	0	0	0	0	0	0	0	0	0	2
Helena	0	0	0	0	0	0	0	0	0	0	9
Missoula	0	1	0	0	0	0	0	0	0	0	6
Idaho:											
Boise	0	0	0	0	0	0	0	0	0	0	6
Colorado:											
Denver	8	17	0	0	0	6	0	0	0	30	53
Pueblo	0	0	0	0	0	2	0	0	0	2	5
New Mexico:											
Albuquerque	0	1	0	0	0	5	0	0	0	0	12
Arizona:											
Phoenix	0	0	0	0	0	1	0	0	0	0	-------
Utah:											
Salt Lake City	2	4	0	0	0	1	1	0	0	8	23
Nevada:											
Reno	0	0	0	0	0	0	0	0	0	0	4
PACIFIC											
Washington:											
Seattle	7	6	1	3	-------	-------	0	4	-------	7	-------
Spokane	3	0	5	3	-------	-------	0	0	-------	7	-------
Tacoma	3	3	2	0	0	0	0	0	0	1	29
Oregon:											
Portland	3	0	7	1	0	2	0	1	0	2	67
Salem	0	0	1	0	0	0	-------	0	0	3	-------
California:											
Los Angeles	24	32	5	0	0	17	2	2	0	70	257
Sacramento	2	1	0	0	0	5	1	0	0	1	-------
San Francisco	16	0	0	0	0	9	2	2	0	21	145

Division, State, and city	Meningococcus meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases estimated expectancy	Cases	Deaths
NEW ENGLAND									
Massachusetts:									
Boston [1]	4	3	0	0	0	0	0	0	0
MIDDLE ATLANTIC									
New York:									
Buffalo	2	1	0	0	0	0	0	0	0
New York [1]	4	2	1	0	0	0	1	1	0
Pennsylvania:									
Philadelphia	1	3	0	0	0	0	0	0	0
Pittsburgh	0	0	1	1	0	0	0	0	0

City reports for week ended June 11, 1932—Continued

Division, State, and city	Meningococcus meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
EAST NORTH CENTRAL									
Ohio:									
Cleveland	1	1	0	0	0	0	0	0	0
Columbus	0	0	2	2	0	0	0	0	0
Illinois:									
Chicago	3	1	0	0	0	0	0	0	0
Michigan:									
Detroit	0	0	1	0	0	0	0	0	0
Flint	0	0	0	0	0	0	0	1	0
WEST NORTH CENTRAL									
Missouri:									
St. Joseph	1	0	0	0	0	0	0	0	0
St. Louis	1	0	0	0	0	0	0	0	0
Nebraska:									
Omaha	0	0	0	0	0	0	0	1	0
SOUTH ATLANTIC [1]									
Maryland:									
Baltimore	0	0	0	0	1	0	1	0	0
District of Columbia:									
Washington	1	0	0	0	0	0	0	1	0
North Carolina:									
Raleigh	0	0	0	0	0	2	0	0	0
Winston-Salem	0	0	0	0	3	0	0	0	0
South Carolina:									
Charleston	0	0	0	0	1	1	0	0	0
Columbia	0	1	0	0	0	0	0	0	0
Georgia:									
Savannah [1]	0	0	0	0	1	0	0	0	0
EAST SOUTH CENTRAL									
Tennessee:									
Memphis	0	0	0	0	2	2	0	0	0
Alabama:									
Birmingham	0	0	0	0	0	1	0	0	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith	0	0	0	0	2	0	0	0	0
Louisiana:									
New Orleans	0	0	0	0	1	1	0	0	0
Oklahoma:									
Muskogee	0	0	0	0	1	0	----	0	0
Texas:									
Galveston	0	0	0	0	0	1	0	0	0
Houston	0	1	0	0	0	0	0	0	1
San Antonio	0	0	0	0	0	1	0	7	0
MOUNTAIN									
Colorado:									
Denver	1	0	0	0	0	0	0	0	0
Pueblo	0	0	0	0	0	1	0	0	0
Utah:									
Salt Lake City	1	0	0	0	0	0	0	0	0
PACIFIC									
Oregon:									
Portland	1	2	0	0	0	0	0	0	0
California:									
Los Angeles	1	1	0	0	0	0	1	1	0

[1] Typhus fever, 5 cases: 1 case at Boston, Mass.. 1 case at New York City, N. Y.; 2 cases at Savannah, Ga.; and 1 case at Tampa, Fla.

The following table gives the rates per 100,000 population for 98 cities for the 5-week period ended June 11, 1932, compared with those for a like period ended June 13, 1931. The population figures used in computing the rates are estimated mid-year populations for 1931 and 1932, respectively, derived from the 1930 census. The 98 cities reporting cases have an estimated aggregate population of more than 34,000,000. The 91 cities reporting deaths have more than 32,400,000 estimated population.

Summary of weekly reports from cities, May 8 to June 11, 1932—Annual rates per 100,000 population, compared with rates for the corresponding period of 1931 [1]

DIPHTHERIA CASE RATES

	Week ended—									
	May 14, 1932	May 16, 1931	May 21, 1932	May 23, 1931	May 28, 1932	May 30, 1931	June 4, 1932	June 6, 1931	June 11, 1932	June 13, 1931
98 cities	44	63	39	62	[2] 48	59	[3] 45	67	[4] 42	54
New England	48	38	41	48	55	50	46	46	84	41
Middle Atlantic	42	58	14	63	43	58	46	74	31	55
East North Central	32	72	36	67	36	81	35	75	[5] 34	64
West North Central	55	71	83	75	66	54	57	55	59	61
South Atlantic	29	55	33	38	25	42	27	40	27	49
East South Central	40	18	12	12	[3] 6	18	[3] 31	12	[3] 6	18
West South Central	92	81	96	81	135	54	59	68	89	27
Mountain	26	61	52	61	[6] 36	52	26	191	43	35
Pacific	69	74	86	73	67	37	80	49	59	53

MEASLES CASE RATES

98 cities	1,157	1,403	1,137	1,373	[2] 1,022	1,115	[3] 826	1,096	[4] 855	876
New England	1,196	1,166	951	1,190	1,376	935	1,124	933	1,177	631
Middle Atlantic	487	1,486	534	1,479	557	1,188	413	1,102	525	839
East North Central	2,962	1,311	2,908	1,457	2,379	1,302	1,952	1,445	[5] 1,868	1,303
West North Central	254	1,397	188	1,098	176	641	172	817	176	448
South Atlantic	569	3,371	498	2,845	490	2,093	333	1,476	512	1,104
East South Central	12	1,245	6	1,245	[3] 12	1,057	[3] 187	1,151	[3] 25	828
West South Central	30	166	46	271	40	294	49	254	73	149
Mountain	1,069	531	844	618	[6] 562	461	957	870	465	705
Pacific	763	555	664	457	748	492	522	512	611	580

SCARLET FEVER CASE RATE

98 cities	437	389	384	368	[2] 397	306	[3] 302	310	[4] 278	269
New England	647	666	693	536	645	351	546	414	410	291
Middle Atlantic	709	439	570	442	566	305	418	355	377	318
East North Central	385	453	354	412	428	437	338	422	[5] 354	386
West North Central	195	383	188	341	174	291	135	258	102	168
South Atlantic	243	243	208	241	194	239	147	198	120	123
East South Central	17	341	17	394	[3] 56	300	[3] 6	153	[3] 37	170
West South Central	23	108	49	85	53	51	43	41	23	88
Mountain	147	157	148	270	[6] 187	165	103	104	190	96
Pacific	135	123	162	88	145	110	97	86	80	80

See footnotes at end of table.

Summary of weekly reports from cities, May 8 to June 11, 1932—Annual rates per 100,000 population, compared with rates for the corresponding period of 1931 [1]—Continued

SMALLPOX CASE RATES

	Week ended—									
	May 14, 1932	May 16, 1931	May 21, 1932	May 23, 1931	May 28, 1932	May 30, 1931	June 4, 1932	June 6, 1931	June 11, 1932	June 13, 1931
98 cities	5	17	7	16	[2] 5	15	[3] 5	14	[4] 3	10
New England	0	0	0	0	0	0	0	0	0	0
Middle Atlantic	0	1	0	4	0	1	0	0	0	1
East North Central	4	23	3	15	0	11	2	16	[5] 1	12
West North Central	21	75	23	67	23	88	28	42	19	36
South Atlantic	0	6	0	6	2	24	0	18	0	0
East South Central	17	12	35	41	[3] 37	6	[3] 31	18	[3] 6	23
West South Central	7	41	20	47	0	37	7	41	3	24
Mountain	17	17	61	9	[6] 0	26	0	26	0	17
Pacific	11	25	17	12	21	12	17	33	11	25

TYPHOID FEVER CASE RATES

98 cities	6	5	8	6	[2] 8	7	[3] 7	6	[4] 7	7
New England	12	5	10	2	0	2	5	2	7	0
Middle Atlantic	4	5	5	5	4	8	3	5	4	7
East North Central	2	2	4	5	8	2	5	1	[5] 1	4
West North Central	9	6	9	10	2	4	2	10	6	4
South Atlantic	8	12	25	12	18	22	16	20	27	14
East South Central	0	18	6	18	[3] 31	12	[3] 31	18	[3] 12	18
West South Central	16	7	10	7	3	7	10	10	10	24
Mountain	9	0	9	0	[6] 9	17	9	17	0	9
Pacific	4	0	10	8	19	2	17	4	15	12

INFLUENZA DEATH RATES

91 cities	9	8	7	7	[2] 5	7	[3] 5	6	[4] 4	4
New England	7	2	0	5	0	10	5	2	0	0
Middle Atlantic	9	7	7	5	4	3	3	5	7	4
East North Central	8	5	5	5	6	5	3	2	[5] 0	4
West North Central	6	9	20	3	3	9	6	6	3	6
South Atlantic	8	16	6	4	14	18	14	14	12	6
East South Central	44	51	6	19	[3] 14	19	[3] 14	38	[3] 7	13
West South Central	7	7	24	28	3	14	10	10	0	3
Mountain	9	9	0	26	[6] 0	17	0	0	0	0
Pacific	7	7	0	0	5	5	2	7	2	5

PNEUMONIA DEATH RATES

91 cities	103	102	98	95	[2] 86	101	[3] 77	86	[4] 73	75
New England	98	113	125	72	101	111	91	120	89	60
Middle Atlantic	130	121	109	121	97	109	83	102	92	88
East North Central	91	73	86	68	66	75	60	59	[5] 46	60
West North Central	102	109	105	97	105	133	67	138	70	71
South Atlantic	120	127	102	111	116	133	98	77	96	83
East South Central	63	127	75	121	[3] 61	185	[3] 95	76	[3] 27	146
West South Central	57	114	77	97	71	128	84	86	94	79
Mountain	69	78	131	70	[6] 107	70	129	87	52	70
Pacific	53	55	46	55	51	43	53	48	44	43

[1] The figures given in this table are rates per 100,000 population, annual basis, and not the number of cases reported. Populations used are estimated as of July 1, 1932, and 1931, respectively.
[2] Covington, Ky., and Reno, Nev., not included.
[3] Covington, Ky., not included.
[4] Springfield, Ill., and Covington, Ky., not included.
[5] Springfield, Ill., not included.
[6] Reno, Nev., not included.

FOREIGN AND INSULAR

CANADA

Quebec Province—Communicable diseases—Week ended June 4, 1932.—The Bureau of Health of the Province of Quebec, Canada, reports cases of certain communicable diseases for the week ended June 4, 1932, as follows:

Disease	Cases	Disease	Cases
Chicken pox	68	Poliomyelitis	1
Diphtheria	31	Scarlet fever	85
Erysipelas	10	Tuberculosis	119
German measles	5	Typhoid fever	166
Measles	79	Whooping cough	44

Ontario—Communicable diseases—Comparative—Four weeks ended May 28, 1932.—The Department of Health of the Province of Ontario, Canada, reports certain communicable diseases for the four weeks ended May 28, 1932, and the corresponding period of 1931, as follows:

Disease	4 weeks, 1932		4 weeks, 1931	
	Cases	Deaths	Cases	Deaths
Cerebrospinal meningitis	5	2	3	1
Chicken pox	613		1,081	
Conjunctivitis	10		1	
Diphtheria	86	4	157	10
Dysentery				1
Erysipelas	18	2		
German measles	75		195	
Gonorrhea	143		255	
Influenza	25	12	12	5
Jaundice	1			
Measles	5,835	9	1,222	1
Mumps	1,096		454	
Paratyphoid fever	2		18	1
Pneumonia		136		165
Poliomyelitis	1		3	1
Puerperal septicemia		3		
Scarlet fever	274	1	831	3
Septic sore throat	6	2		
Smallpox	24		32	
Syphilis	129	2	248	
Tetanus		1		
Trench mouth	1			
Tuberculosis	235	52	175	77
Typhoid fever	19	2	34	3
Undulant fever	8		7	
Whooping cough	464		437	6

MEXICO

Tampico—Communicable diseases—May, 1932.—During the month of May, 1932, certain communicable diseases were reported in Tampico, Mexico, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Diphtheria	2		Measles	18	
Enteritis, various	48	44	Paratyphoid fever		3
Influenza	76		Tuberculosis	34	17
Leprosy	1		Typhoid fever	2	
Malaria	509	8	Whooping cough	52	

POLAND

Typhus fever.—According to information dated May 25, 1932, there was an epidemic of typhus fever in the Vilna district of Poland. The disease was prevalent in the county of Dzisna, and had recently broken out in the county of Molodeczno, where 23 new cases had been reported. Preventive measures had been successful in the counties of Braslaw, Swieciany, and Oszmiana, where only 6 cases had been reported. In the county of Wolozyn, 150 new cases, with 20 deaths, were reported. This county was said to be the central point of the epidemic. Energetic relief measures were being taken by antityphus squads, assisted by military physicians. The disease was said to be prevalent in the districts of Soviet Russia bordering on Molodeczno County. The Polish Public Health Service reported 106 cases of typhus fever for the period May 8–14, 1932.

VIRGIN ISLANDS

Notifiable diseases—May, 1932.—During the month of May, 1932, cases of certain diseases were reported in the Virgin Islands as follows:

Disease	Cases	Disease	Cases
St. Thomas and St. John:		St. Croix:	
Chicken pox	1	Gonorrhea	2
Pellagra	1	Pellagra	2
Syphilis	4	Syphilis	2
Tuberculosis	2	Tuberculosis	5
Uncinariasis	1	Whooping cough	8

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

From medical officers of the Public Health Service, American consuls, International Office of Public Hygiene, Pan American Sanitary Bureau, health section of the League of Nations, and other sources. The reports contained in the following tables must not be considered as complete or final as regards either the list of countries included or the figures for the particular countries for which reports are given.

CHOLERA

[C indicates cases; D, deaths; P, present]

Place		Nov. 15–Dec. 12, 1932	Dec. 13 1931–Jan. 9, 1932	Jan. 10–Feb. 6, 1932	Feb. 7–Mar. 5, 1932	Week ended— March, 1932 12	19	26	April, 1932 2	9	16	23	30	May, 1932 7	14	21	28	June 4, 1932
Ceylon: Colombo	C	3																
	D	3																
China:																		
Canton	C	3				1			1			1				1	1	
Hankow	C	14	2	1	1							3			8			
	D	6	1									1			3			
Shanghai	C													11	11	8	40	92
	D														1	1	1	10
Swatow	C		1															
India	C	14,314	14,889	10,001	5,826	1,210	1,164	1,148	1,430	1,519	1,432	1,709						
	D	7,467	7,684	5,267	2,788	587	547	564	660	780	719	863						
Bombay	C	4	1		1													
	D	6	1		1													
Calcutta	C	74	58	133	118	32	47	31	52	53	114	53	130	174	228	141	106	
	D	42	25	70	54	15	21	9	28	25	56	25	42	58	125	79	59	
Chittagong	C			6	1		1		1									
	D			1	2				1									
Madras	C				3		6											
	D				3		2	1										
Rangoon	C		1													1		
	D		1													1		
India (French):																		
Chandernagor	C		3											11				
	D		3											5				
Karikal	C			35	2													
	D			17														
Pondicherry Territory	C			15				1	1									
	D			15				1	1									
Pondicherry	C								1									
	D								1									

[1] A suspected case.

[2] Figures for cholera in the Philippine Islands are subject to correction.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

CHOLERA—Continued

[C indicates cases; D, deaths; P, present]

Place		Nov. 15–Dec. 12, 1932	Dec. 13 1931–Jan. 9, 1932	Jan. 10–Feb. 6, 1932	Feb. 7–Mar. 5, 1932	Week ended— March, 1932			April, 1932					May, 1932				June 4, 1932
						12	19	26	2	9	16	23	30	7	14	21	28	
India (Portuguese)	C	3	1															
	D	3	1															
Indo-China (see also table below):																		
Pnompenh	C			2						1						1		
	D			2						1						1		
Saigon and Cholon	C	P	2	1	1				1			1	1	1	1	2	2	2
	D											1	1	1	1	2	2	1
Iraq:																		
Amara	C	3	2															
	D	4	2															
Amara Province	C	3																
	D	2																
Muntafiq Province	C	2																
	D	3																
Nasiriyah	C	8																
	D	7																
Persia:																		
Abadan	C	1																
Ahwaz	C	47																
	D	39																
Khorramabad	C	159	3															
	D	115	10															
Kouh Bezman	C												[1] 1					
Philippine Islands: [2] Capiz Province	C	27	26	22	23													
	D	19	19	20	20													
Siam:																		
Ayudhaya Province	C	1		1			1			1	1							
	D	1		1			1		1		1							
Bangkok	C	1		1		1	1			1								
	D	1		1			1											
On vessel:																		
S. S. Angora at Rangoon from Calcutta	C								1									
S. S. Narbada at Rangoon from Calcutta	C									1								
	D									1								
S. S. Shanghai Maru at Kobe from Shanghai	C																	1

Place		October, 1931	November, 1931	December, 1931	January, 1932	February, 1932			March, 1932			April, 1932		
						1-10	11-20	21-29	1-10	11-20	21-31	1-10	11-20	21-30
Indo-China (French) (see also table above):														
Annam [1]	C					4								
	D					4								
Cambodia [1]	C	19	4	3	12	3	2		6	1	3	4	1	20
	D	18		2	6	2	2		3	1	1	3		8
Cochin-China [1]	C	14	6	14	5	7		P	3	2	4	3	6	18
	D	13	4	7	4	5			2	1	2	2	3	13
Laos [1]	C											7		
	D											3		

[1] Reports incomplete.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

PLAGUE[1]

[C indicates cases; D, deaths; P, present]

Place		Nov. 15–Dec. 12, 1931	Dec. 13, 1931–Jan. 9, 1932	Jan. 10–Feb. 6, 1932	Feb. 7–Mar. 5, 1932	Week ended— March, 1931			April, 1932					May, 1932				June, 1932	
						12	19	26	2	9	16	23	30	7	14	21	28	4	11
Argentina: Cordoba Province[2]	C	------	1	1	------	------	------	------	------	------	2	------	------	------	------	------	------	------	------
Azores:																			
San Miguel Island	C	5	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------
	D	1	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------
Terceira Island	C	16	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------
	D	6	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------
Belgian Congo	C	------	1	------	------	------	------	------	------	------	------	------	------	------	------	------	2	------	------
British East Africa (see also table below):																			
Tanganyika	C	------	------	10	------	------	2	------	------	------	------	------	------	------	------	------	------	------	------
	D	------	------	10	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------
Uganda	C	145	63	31	8	------	------	3	1	1	7	13	------	------	------	------	------	------	------
	D	138	62	26	6	------	------	3	1	1	6	11	------	------	------	------	------	------	------
Canary Islands: Palma Island—Los Lanos	C	------	------	8	------	------	------	------	------	------	------	------	------	------	1	------	------	------	------
	D	------	------	8	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------
Ceylon: Colombo	C	1	4	5	4	1	1	------	1	------	1	------	1	1	3	------	2	5	------
	D	1	4	3	3	1	1	------	1	------	1	------	1	1	1	------	2	5	------
Plague-infected rats		1	1	1	------	------	------	------	------	------	------	------	1	5	2	2	------	4	------
China:																			
Kwang Chow Wan	C	------	------	------	------	------	8	------	------	------	------	------	------	------	------	------	------	------	------
	D	------	------	------	------	------	8	------	------	------	------	------	------	------	------	------	------	------	------
Shensi Province	C	------	------	------	P	------	------	------	------	------	------	------	------	------	------	------	------	------	------
Dutch East Indies:																			
Java—																			
Surabaya	C	------	------	2	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------
	D	------	------	2	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------
Tegal	C	------	------	1	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------
Java and Madura	D	702	587	499	459	98	79	89	96	98	75	95	------	------	------	------	------	------	------
West Java	C	198	203	201	141	54	40	51	68	68	52	64	55	------	------	------	------	------	------
	D	198	203	200	139	55	40	51	67	68	52	63	54	------	------	------	------	------	------
Ecuador (see table below).																			
Egypt:																			
Alexandria	C	3	------	2	2	------	------	------	------	------	------	------	------	1	2	1	8	1	2
	D	3	------	------	------	------	------	------	------	------	------	------	------	------	2	------	1	2	1
Assiout	C	1	2	1	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------
	D	1	2	1	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------

Beheira	C			11										1	2				1	1	
	D			2										1	3				1		
Beni Suef	C												4	33	2						
	D													8	3						
Gharbieh	C																		2		
	D																			1	
Girga	C	2	1																		
	D	2	1																		
Kena	C	4	2																		
	D	3	2																		
Minieh	C	2	7	1				3													
	D		7	1				2	1												
Port Said	C	4	1																		
	D	2	1																		
Tanta	C	2		1																	
	D	2		1																	
Hawaii Territory:																					
Hawaii Island—																					
Hamakua—																					
Honokaa	C				2																
	D				2																
Plague-infected rats					1																
Kukaiau—Plague-infected rats																			1	1	
Maui Island—																					
Makawao	C				1																
	D				1																
Plague-infected rats					4																
India	C	4,235	6,998	7,892	8,593	2,824	2,768	1,779	2,353	1,804	1,400	1,279									
	D	1,739	2,912	3,971	4,970	1,567	1,545	952	1,479	1,065	852	859									
Bassein	C			1	4	1	3	3	2	4				1	2						2
	D				4	1	2	1	3	3		1			2						2
Bombay	C	1			5	1	1	2	4	6	3	5	5	2	2	2	1				
	D	1			5		1	1	4	5	3	5	2	1	2	1					
Plague-infected rats		56	42	57	109	31	26	17	43	30	23	35	34	25	21	1	11				
Madras	C											[3] 1									
	D											1									
Madras Presidency	C	57	169	2,951	70	37	64	27	30	42	16	11									
	D	24	59	155	47	17	25	18	26	14	6	4									
Rangoon	C	1	1		9	2		1	1	4	1	1	1				1				
	D	1	1	1	8	1	1	1	1	4	1		1								
Plague-infected rats		2	1		2	3	1	1	3	4			1		2		1				
Indo-China (see table below).																					
Iraq:																					
Baghdad	C	7	2	5	3																
	D	2			1																
Maudhan	C	2																			
	D	1																			
Madagascar (see also table below): Tamatave	C		1																		

[1] Including plague in the United States and its possessions.
[2] 10 cases of bubonic plague were reported in Cordoba Province, Argentina, in January, 1932. They were distant from railroad and 500 kilometers from ports.
[3] An imported case.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

PLAGUE—Continued

[C indicates cases; D, deaths; P, present]

Place		Nov. 15–Dec. 12, 1931	Dec. 13, 1931–Jan. 9, 1932	Jan. 10–Feb. 6, 1932	Feb. 7–Mar. 5, 1932	Week ended— March, 1931			April, 1932					May, 1932				June, 1932	
						12	19	26	2	9	16	23	30	7	14	21	28	4	11
Morocco	C	11																	
Peru (see table below).																			
Senegal (see table below).																			
Siam	C	5	1	1	1	4	1	1	1										
	D	2	1	1		2			1										
South west Africa [1]																			
Syria: Beirut	C									1			1						
Union of South Africa: Orange Free State	C	P	P	P	P				P										
	D						10												
United States: California—Los Angeles—Plague-infected rats										1				2					1

[1] 80 cases of plague with 15 deaths have been reported in Ovamboland, South west Africa, up to Apr. 30, 1932. All antiplague measures have been taken.

Place		October, 1931	November, 1931	December, 1931	January, 1932	February, 1932	March, 1932	April, 1932
British East Africa (see also table above): Kenya	C	64	44	41	17	33	22	18
Ecuador:								
Province—								
Chimborazo	C	2	8	------	8	13	--------	--------
Loja	C	11	2	------	11	------	--------	--------
Indo-China	C	3	------	9	17	P	P	9
	D	1	------	5	9	------	--------	6
Madagascar (see also table above):								
Province—								
Ambatolampy	C	------	------	------	23	40	--------	--------
	D	------	------	------	23	38	--------	--------
Ambositra	C	8	39	142	166	90	--------	--------
	D	5	37	121	152	81	--------	--------
Antisirabe	C	17	27	56	53	45	--------	--------
	D	17	27	51	51	45	--------	--------
Maevatanana	C	------	4	------	------	------	--------	--------
	D	------	4	------	------	------	--------	--------
Miarinarivo	C	18	10	14	15	13	--------	--------
	D	16	9	14	15	12	--------	--------
Moramanga	C	13	25	30	13	9	--------	--------
	D	11	25	29	13	9	--------	--------
Tananarive	C	120	186	248	203	148	--------	--------
	D	117	178	241	196	140	--------	--------
Peru	C	8	27	21	11	2	--------	--------
	D	7	11	9	8	2	--------	--------
Department—								
Canete	C	------	------	------	3	------	--------	--------

Place		October, 1931	No. vember, 1931	December, 1931	January, 1932	February, 1932	March, 1932	April, 1932
Peru—Continued.								
Department—Continued.								
Cajamarca	C	------	14	------	------	------	--------	--------
	D	------	5	------	------	------	--------	--------
Libertad	C	------	2	------	1	------	--------	--------
Otuzco	C	------	------	------	------	------	--------	28
Lima	C	------	9	------	6	------	1	--------
	D	------	4	------	------	------	--------	--------
Plague-infected rats		1	------	------	------	------	--------	--------
Lima	C	------	1	------	------	1	1	--------
	D	------	1	------	------	1	--------	--------
Piura	C	8	------	------	1	------	--------	--------
	D	7	------	------	------	------	--------	--------
Senegal:								
Baol [1]	C	6	2	------	------	------	--------	--------
	D	2	------	------	------	------	--------	--------
Dakar [1]	C	4	------	------	------	------	10	--------
	D	4	------	------	------	------	5	--------
Diourbel [1]	C	------	10	------	------	------	--------	--------
	D	------	5	------	------	------	--------	--------
Louga [1]	C	1	19	------	------	------	--------	--------
	D	2	10	------	------	------	--------	--------
Rufisque [1]	C	7	12	------	------	------	--------	--------
	D	1	2	------	------	------	--------	--------
Thies [1]	C	7	16	1	------	------	--------	--------
	D	5	7	1	------	------	--------	--------
Yombel [1]	C	------	------	------	------	------	9	--------
	D	------	------	------	------	------	5	--------

[1] Reports incomplete.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

SMALLPOX

[C indicates cases; D, deaths; P, present]

Place		Nov. 15–Dec. 12, 1931	Dec. 13, 1931–Jan. 9, 1932	Jan. 10–Feb. 6, 1932	Feb. 7–Mar. 5, 1932	Week ended— March, 1932 12	19	26	April, 1932 2	9	16	23	30	May, 1932 7	14	21	28	June 4, 1932
Aden	C			2			1											
Algeria:																		
Algiers	C		1															
Constantine Department	C										1		1	1		1		
Philippeville	C												1					
Southern Territories	C				2													
Brazil:																		
Porto Alegre (alastrim)	C	51	35	34	19		3	1	1	2	1	2						
	D	1	2					1										
Rio de Janeiro	C		1															
Santos	C	1		2														
British, East Africa: Tanganyika	C	2	55	24	5													
	D		4	7	2													
British South Africa:																		
Northern Rhodesia	C		7	5														
Southern Rhodesia	C		1						4	1	6							
Canada:																		
Alberta	C	3	11															
British Columbia [1]	C		2	18	25	7		2	1									
Manitoba	C	2		10							1							
Nova Scotia	C	1			1													
Ontario	C	11	14	6	21	1			3		2	4		1			23	
North Bay	C			1														
Toronto	C	1																
Quebec	C		3	1	8													
Saskatchewan	C	34	11	35	30	5			1		1	5	2	3	1	3	6	
Chile: Tocopilla	C		2															
China:																		
Amoy	C	46	218	183	121	15	12	8	10	7	5	4	1	3		2		
	D	36	79	91	44	5	7	3	10	4	3	3	1	2		2		
Canton	C	14	18	27	44	21	18	29	11	24	18	22	17	19	9	5	9	
	D				1	7						1		1				
Foochow	C	P	P	P	P		P		P		P		P		P			
Hankow	C	29	47	59	4			3	2	1		1	1	1	1			
	D	6	12	5	1													

Hong Kong	C		1	11	51	12	7	17	9	12	13	21	9	7	9	7	1	4
	D			6	23	7	6	7	8	2	6	6	6	7	6	2	2	4
Manchuria—Dairen	C	1		1	1	3	1	7	5	7		1						
Nanking	C	2																
	D	1																
Shanghai	C	77	155	163	167	30	29	13	30	22	24	22	22	16	6	5	6	3
	D	31	41	62	67	15	17	6	7	7	10	8	10	6	5		2	1
Swatow	C		2		1													
Tientsin	C	1		1	2	1	6	1		1	1			1				
	D				1		1											
Chosen (see table below).																		
Colombia: Cali	C		1															
Dahomey	C							3	3				2	2				
	D								1									
Dutch East Indies: Batavia	C		1	1														
	D			1														
Egypt:																		
Alexandria	C								1						1	1		
Cairo	C			1														
Suez	C				2	3	5	7	5	1	1	2		1				
	D						1	1	1									
France (see table below).																		
Germany: Aix-la-Chapelle	C			1														
Gold Coast (see table below).																		
Great Britain:																		
England and Wales	C	216	198	227	258	76	61	41	95	70	87	96	62	68	76	56		
London	C	118	100	100	136	28	23	23	55	30	25	48	34	41	39	25	29	
London and Great Towns	C	191	152	188	203	57	56	37	86	57	63	86	51	59	60	47		
Guatemala (see table below).																		
Honduras: [2]																		
Ceiba	D				1		1	1		1								
Puerto Castilla	C			1	4								4			1		
Tegucigalpa	C	8			5													
Tela	C								2	2							1	
Trujillo	C				35													
	D				5													
India	C	2,238	2,361	4,576	9,709	3,006	2,339	2,818	3,877	4,093	3,431	3,083						
	D	1,066	464	970	1,896	580	405	518	731	783	705	665						
Bassein	C			3						1								
	D									1								
Bombay	C	1	3	6	23	8	8	4	7	7	7	8	3	10	12	2	12	
	D	1	2	2	10	4	3	1	4	2	3	5		2	4	1	5	
Calcutta	C	1	7	27	102	22	44	50	43	38	19	40	36	17	35	22	19	
	D	1	3	15	54	14	30	36	35	30	11	22	36	12	29	16	10	
Chittagong	C						2								2			
	D						1								1			
Cochin	C			1	9	2		1		1								
Karachi	C	5	3	18	23	4	3	3	9	6	4	10	9	4	5	3	4	
	D			6	8	1	1	3	3	2		2	5		2	1	3	

[1] 23 cases of smallpox with 8 deaths were reported at Vancouver, British Columbia, from Jan. 1 to Feb. 18, 1932.
[2] 590 cases of smallpox with 15 deaths were reported in Honduras from July, 1931, to Feb. 16, 1932.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

SMALLPOX—Continued

[C indicates cases; D, deaths; P, present]

Place		Nov. 15–Dec. 12, 1931	Dec. 13, 1931–Jan. 9, 1932	Jan. 10–Feb. 6, 1932	Feb. 7–Mar. 5, 1932	Week ended— March, 1932 12	19	26	April, 1932 2	9	16	23	30	May, 1932 7	14	21	28	June 4, 1932
India—Continued.																		
Madras	C	7	7	9	15	15	9	15	12	15	20	13	10	17	10	10	10	
	D	2	2	3	4	6	4	1	5	4	2	2	3	2	4	2	3	
Moulmein	C			4	4	4	2	1		1								
Negapatam	C	1			1			1								1	2	
	D	1		1												1		
Rangoon	C	9	39	147	418	172	128	163	143	116	71	32	41	18	26	13	9	
	D	7	10	40	127	61	37	50	31	32	28	12	16	9	11	6	2	
Tuticorin	C	8	6	28	36	9	4		1		3		2	4				
	D			2	8	4	4		1		1		2	5				
Vizagapatam	C		2		3			2										
India (French):																		
Karikal	C	7	4	1	4	3	2	8	6	3	15	1	2	2	4		4	
	D	7	2	1	4		1	2	6	3	6	1	2	2	2		2	
Pondicherry Territory	C	26	22	32	20	11	10	1	7	3	10	6	3	3	5	28	11	
	D	25	22	27	20	7	10	4	5	2	8	6	3	3	5	23	11	
Indo-China (see also table below):																		
Pnompenh	C			1	2			1										
Saigon and Cholon	C	26	32	117	145	54	45	71	42	33	35	32	13	12	8	8	5	3
	D	12	24	92	85	48	35	60	31	30	32	27	12	11	7	7	5	3
Iraq:																		
Baghdad	C	11	15	10	4	1	1	12	6		5	10	12	4	7	10		14
	D	5	8	13	4	1		5	4		2	5	6	2	3	3		6
Basra	C		1	2	2			4	7	1	1	1	1	1	1			2
	D		2								1	2	1		1			1
Ivory Coast (see table below).																		
Jamaica	C	1																
Japan:																		
Kobe	C				1	1		1			1				1	7	2	
	D					1											1	
Nagasaki	C													1	4	4	4	1
Osaka Prefecture [3]	C											3	90					
Osaka	C														1			
Taiwan	C			35	58		1											
Yokohama	C	1	1	2														

Mexico (see also table below):																		
Chihuahua	D				3				1	1						1		
Durango	D									1								
Jalisco (State)—Guadalajara	D	1	1	3		1							1	1	1			1
Mexico City and surrounding territory	C	10	8	14	33	6				2	5	6	3	3	2	3	9	
	D				1							1	1		1			
Monterrey	C			1	8	1					1	1						
San Luis Potosi	D		2	5	2	2	1				1	1		1			1	
Torreon	C	7	2	6	2		1	1		1			2		1	1	1	1
	D		2	2	3		1	1		1			2		3			1
Morocco (see table below).																		
Nigeria	C	15		217	46		270	1	480									
	D	1		120	2		24	1	86									
Palestine	C														1			
Panama: Chiriqui	C	3																
Poland	C	1	1												1			
Portugal:																		
Lisbon	C	91	108	98	50	10	14	8	6	5	11	4	6	10	5	8	6	
Oporto	C	2	2	3	14	4	4	4	2	10	6		5	3	5	8	8	4
Salvador	C				85	10												
Siam	C		13	1		2											1	
Sierra Leone: [4]																		
Straits Settlements	C		2	4	6	1												
	D			1		2												
Sudan (Anglo-Egyptian)	C	2	2	3	8	1		3			1		2					
	D			1	1													
Sweden: Malmo	C			9														
Syria (see table below).																		
Tunisia: Tunis	C		1			1												
Turkey (see also table below): Istanbul	C				1						1				1			
Union of South Africa:																		
Cape Province	C	P	P							P	P	P	P					
Orange Free State	C										P	P	P					
Transvaal	C	P					P	P					P					
On vessels:																		
Brazilian ship Jaboatao at New Orleans from Brazil	C		1															
S. S. Tacoma at Manila from Shanghai	C		1															
S. S. Cressington Court at Yokohama from Shanghai	C			1														
S. S. Bollington Court at Yokohama from Shanghai	C			1														
S. S. Victoria City at Brisbane from Shanghai	C			1														
S. S. Bellasco at Mobile from Habana, Cuba, and Hull, England	C		1															
S. S. Frauenfels at Suez from Calcutta	C					1												
S. S. Uwajima Maru at Osaka from Shanghai	C			1														

[3] 200 cases of smallpox were reported in Osaka Prefecture, Japan, from Mar. 1 to May 24, 1932.
[4] From Mar. 6 to Apr. 30, 1932, 551 cases of smallpox with 6 deaths, were reported in Sierra Leone.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

SMALLPOX—Continued

[C indicates cases; D, deaths; P, present]

Place		Nov. 15–Dec. 12, 1931	Dec. 13, 1931–Jan. 9, 1932	Jan. 10–Feb. 6, 1932	Feb. 7–Mar. 5, 1932	Week ended— March, 1932 12	19	26	April, 1932 2	9	16	23	30	May, 1932 7	14	21	28	June 4, 1932
On vessels—Continued.																		
S. S. President Jackson at Yokohama from San Francisco via Honolulu	C		1															
S. S. Hong Kheng at Singapore from Amoy, via Swatow and Hong Kong	C			1														
S. S. Hai Ning and S. S. Solviken at Hong Kong	C			P														
S. S. Merkara at Aden from Colombo	C			2														
S. S. Tjisadane at Hong Kong from Shanghai and Amoy	C			P														
S. S. Poafung at Shanghai	C			1														
S. S. Rajula at Penang from Negapatam	C			P														
S. S. MacGillivary at Suez from Rangoon	C					[1] 1												
S. S. Tainui at Southampton from New Zealand	C							[1] 1										
S. S. Glenbank at Suez from Aden	C								1									
S. S. Tuscania at Suez from Bombay	C															1		

[1] A suspected case.

Place		November, 1931	December, 1931	January, 1932			February, 1932			March, 1932			April, 1932		
				1-10	11-20	21-31	1-10	11-20	21-29	1-10	11-20	21-31	1-10	11-20	21-30
Gold coast	C					2									
	D					1									
Indo-China (see also table above)	C	120	509	11	107	191	145	206	309	230	275	222	175	247	146
	D	22	93	11	52	85	47	98	86	109	113	120	80	97	64
Ivory Coast	C	1													
	D	1													
Syria: Beirut	C			2	3								1		1

Place		October, 1931	November, 1931	December, 1931	January, 1932	February, 1932	March, 1932
Chosen	C	7	2	1	1	6	30
	D	1				3	9
France	C		6	1			
Guatemala	C				5		
	D				1		

Place		October, 1931	November, 1931	December, 1931	January, 1932	February, 1932	March, 1932
Mexico (see also table above)	D	427	419	423			
Morocco	C	91	152	279	488	368	308
Turkey (see also table above)	C				31	22	2
	D				1	1	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

TYPHUS FEVER

[C indicates cases; D, deaths; P, present]

Place		Nov. 15–Dec. 12, 1931	Dec. 13, 1931–Jan. 9, 1932	Jan. 10–Feb. 6, 1932	Feb. 7–Mar. 5, 1932	Week ended— March, 1932			April, 1932					May, 1932				June 4, 1932
						12	19	26	2	9	16	23	30	7	14	21	28	
Algeria:																		
Algiers	C		4	1	3			7			8	9	23	7	23	31		
Constantine Department	C	3	5	7			7											
Geryville	C			7	1													
Oran	C	1				1												
Bulgaria	C	4	22	44	66	12	10	12		15	6	15	9	10				
	D		3	6	6	1	1				3	4	2					
Chile:																		
Antofagasta	C		1	1												1		
Santiago	C	3					1				1							
China:																		
Hankow	C		4				1	3										
Swatow	C				2													
Chosen (see table below).																		
Comombia, Cali	D				1													
Czechoslovakia (see table below).																		
Egypt:																		
Alexandria	C		5		1					5	2	7					1	
Beheira	C		7		70				46				5					
	D				16								1					
Cairo	C	1																
Gharbieh	C		1		12								5					
	D												2					
Providences	C		11	43	333	148	164	164	200	112	49	41	20	27				
	D		2	3	25	15	17	17		18	9	12	4	6				
Greece (see table below.)																		
Irish Free State:																		
Donegal County—Stranorlar	C	2																
Limerick County—Limerick	C	1																
Roscommon County—Roscommon	C																	1
Waterford County—Lismore	C		1															
Latvia (see table below).																		
Lithuania (see table below).																		

Mexico:																		
Guadalajara	D		1															
Mexico City, including municipalities in Federal District	C	22	11	25	20	2	3	2		3	2	3	3	2		5	1	
	D	4	6	9	12	2		2		1		2					2	
San Luis Potosi	D		1		1		1											
Morocco	C	17	9	6	59	3	21		5	9	7	3	15	3	7	7	2	
	D	2	1		6	2	4			1								
Palestine	D	1	4	3	1									1				2
Paraguay: Asuncion	D				1													
Poland	C	106	193	265	215	74	65	52	64	85	95	119	115	70	106	106	98	
	D	10	14	10	21	5	5	4	8	5	10	11	13	7	4	5	9	
Portugal: Oporto	C			1	1					10				3				
Rumania	C	68	108	264	296	82	79	56	53	89	62							
	D	6	10	13	28	12	8	6	5	8	6							
Tunisia: Tunis	C	26	2	1	24	14	26	10	31	32	6	20	19	26	15	13		
	D	2			3	2		3	3	4								
Turkey (see table below).																		
Union of South Africa:																		
Cape Province	C	P	P	P	P		P	P	P	P	P	P	P					
Natal	C	P	P		P							P	P					
Orange Free State	C	P	P	P	P	P		P	P	P	P	P	P					
Transvaal	C	P	P	P	P													
Venezuela: Caracas (see table below).																		
Yugoslavia (see table below).																		
On vessel: At Antofagasta, from Iquique and points north	C		1															

Place		November, 1931	December, 1931	January, 1932	February, 1932	March, 1932	April, 1932
Chosen: Seoul	C	4			5	4	
	D	1			1		
Czechoslovakia	C		10	1			1
	D		3				
Greece	C	4	6	4	4	7	
	D		1				
Latvia	C		12				

Place		November, 1931	December, 1931	January, 1932	February, 1932	March, 1932	April, 1932
Lithuania	C	9	20	21	10	32	25
	D		1	3	3	3	5
Turkey	C	14	21	14	22	6	1
	D		2	3	1	3	
Venezuela: Caracas	D		1	2			
Yugoslavia	C	2	14	11	26	5	29
	D	1	1		2	1	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued

YELLOW FEVER

[C indicates cases; D, deaths; P, present]

Place		Nov. 15–Dec. 12, 1931	Dec. 13, 1931–Jan. 9, 1932	Jan. 10–Feb. 6, 1932	Feb. 7–Mar. 5, 1932	Week ended— March, 1932			April 1932					May, 1932			
						12	19	26	2	9	16	23	30	7	14	21	28
Brazil:																	
Bahia State	C		2														
Esplanada	C													P			
Ceara State	C												1				
	D												1				
Espirito Santo State [1]	C						2			1	P	P	P				
	D						2			1							
Santa Teresa (about 56 miles from Victoria)	D				1												
Dahomey: Porto Novo	C								1								
	D								1								
Gold Coast:																	
Avudua	C								1	1							
Cape Coast	C					P											
Dagomba District	C	1															
Salaga	C	1															
	D	1															
Tamale	C	3															1
Yapei	C						1										
Nigeria	C	2			1												
	D	2															
Togo (French): Atakpame—Anie Circle	D	1															

[1] During the 3 weeks ended Apr. 30, 1932, a number of cases of suspected yellow fever were reported in the interior of the State.